

ADOLESCENTS
AND DRUGS:
Are We Coping as LDS Families?



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Adolescents and Drugs: Are We Coping As LDS Families?

Marilyn M. Smolka

Editor's Note: In terms of the importance of the topic discussed, we feel that this issue is one of the most significant that Exponent II has published. All of us are deeply indebted to Marilyn Smolka from Salt Lake City for recruiting and working with the authors of the articles that you will read here. Her essay, "Coming to Grips," which appeared in Volume 14, Number 4, was such an insightful, articulate, and powerful statement of the problem of drug abuse among Mormon adolescents that we asked her to draw on her wealth of expertise and experience, her resources and contacts, to produce Volume 15, Number 2. She and the authors, who are from the Salt Lake area unless otherwise noted, have done a superb job, and we are certain that their work will go a long way toward educating and guiding us in our struggle against substance abuse. To paraphrase the final paragraph in her essay,

We don't know where this all will end. What we do know is that life is not fair, that there are no guarantees. We also know that we are in control of our own selves, that we can find answers if we struggle hard enough, and that Heavenly Father needs us to help each other to get through our personal fiery furnaces.

Drugs. Addict. Cocaine. Crack. Overdose. Using friends. Sobriety. These words conjure up the worst possible scenario. But the victims are not always the sots sleeping on the grates in Downtown, USA. Often they are our own adolescent Deacons, Teachers, and Priests, our Beehives, Mia Maids, and Laurels. As much as we would like to

cling to the notion that we as righteous Latter-day Saint families are immune to this terrible disease of drug addiction that strikes "other" people, our own adolescents are indeed involved. Out of curiosity, peer pressure, rebellion, insecurity, availability—whatever the reasons, our LDS teenagers are experimenting with drugs and alcohol—whether we like it or not, whether it fits with our beliefs and value systems or not.

How are we dealing with this issue in our families? As a church? As part of a broader society? Are we facing facts? Are we equipping ourselves with the education necessary to combat this threat? Are we coming to grips with the reality that drugs may insert their insidious tentacles into our own families? Do we really believe that any kid can find drugs in any of our junior high and high schools within fifteen minutes? You may have been struck in your own family. If not, surely you know someone who has—a neighbor, a friend, a relative, a ward member.

Our family came face-to-face with the issue of drug addiction several years ago when we admitted our then fourteen-year-old son into a program for drug and alcohol treatment. As a family in crisis, we were rudely forced to become knowledgeable with the issue firsthand.

Although we would certainly have wished for a different path than our son chose, we have learned much and have met many others like ourselves who have wrestled with trying to get their lives back in order and who have come out of denial to find help for their kids.

Sue Paxman graciously asked me to act as guest editor for this issue, which is entirely devoted to adolescent drug abuse. I have drawn on friends

who were with us in treatment and other professionals in the field. Most of the articles have been written by people whose lives have been directly touched by family members who have fallen victim to drug abuse. All but one are LDS, and he is a professional drug counselor as well as a minister in his own Christian faith. They have willingly shared their personal experiences, many painfully drawn out of memories, with the sole reason that by sharing, they may help someone else reject a denial, deal with a problem that won't go away, become familiar with some tools that may be distasteful, and, at the very least, gain an understanding of what others are going through and what the needs and emotions encompass.

I have tried to assemble articles that deal with a variety of topics surrounding drug abuse, although there are necessarily common themes in each story. The book list is certainly not conclusive but offers a good smattering of books that are regarded by professionals as supportive and accurate.

We need to begin talking realistically in our own wards and stakes about what is actually going on with our own precious teenagers. Perhaps these articles will assist in our understanding of what is happening within many LDS families. In a broader scope, I have found that these experiences are not so different from our non-LDS friends who are also agonizing over their children.

I have learned to treasure the Serenity Prayer that concludes all AA and Alanon meetings:

God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.

SYMPTOMS

Name Withheld

He stalked the house like a caged animal—agitated, preoccupied, restless. Each weekend was the same. Home life was dull, and Matt was obviously anxious to get out and "do something" with his friends. Between school, work, and his social life, Bill and I were seeing very little of our sixteen-year-old son.

That was why it was unusually nice to have Matt help his Dad string Christmas lights on a Saturday evening in early December. It was pleasant to have Matt home for a change, willing to help. Both father and son seemed to be enjoying one another, talking and laughing as they worked. Then the phone call came that changed everything.

For several months, I had been worried about Matt. I couldn't put my finger on what was bothering me, but I had an uneasy feeling that all was not as well as it appeared on the surface. Superficial signs seemed to indicate that Matt was fine—he had a B average in school, had earned his Eagle Scout award, worked two jobs to pay for his own car, and dressed neatly. He also respected the family rules, did his chores, obeyed curfew, went to church, and had been president of his Deacons' and Teachers' quorums.

All of these good things were apparent about my son. So why was I upset? It was ridiculous, I tried to convince myself. Matt had admitted to trying a few things in his junior high school days. At his friend's urging, he had tried smoking a cigarette but assured us that he didn't like it. We were relieved when he said he'd never be so stupid as to take a drink. Furthermore, he had broken away from those wild boys, and now, a junior in high school, was spending most of his time with two older boys in the ward whose parents and families we knew well.

Nevertheless, we felt a nagging worry about our son. Matt was the adventuresome type, and we knew he would try almost anything for a thrill. He

had been caught shoplifting once—a foolish mistake, we thought. He had also broken curfew a few times with suspicious excuses and occasionally did some wild pranks. But wasn't all of this normal teenage behavior?

Earlier in the spring, another mother told me to watch my son carefully. There were rumors that he was hanging out with some druggie kids at school and that he might be headed for serious trouble. When we confronted Matt about his friends, he simply denied that anything was wrong. He told us he liked to be friends with all kinds of people, not just Mormon "goody-goodies." Additionally, he was offended by such cruel rumors. Why couldn't people just mind their own business?

We tried to believe his explanations, but we were on the alert—wary and watchful over our son. I liked to wait up until Matt was safely home and listen as he would recount in detail how he'd spent the evening watching a movie or just hanging out with his friends. I was relieved that he looked sober and that there were no telltale smells of smoking or drinking. Perhaps, I thought, we were overreacting and even too suspicious.

But when the fateful phone call came, I was the one to answer it. It was a stranger's voice I heard, a name I did not know, and that sick feeling of alarm made a pit in my stomach. I couldn't hang up when Matt picked up the extension. Horrified, I heard the arrangements made to meet later that night at the Seven Eleven where the stranger would give Matt something to "knock his socks off." It was a terse conversation ending with Matt telling the person never to call him at home again.

Quickly, Matt returned to stringing Christmas lights, but his entire demeanor had changed. There was urgency in the task now. He was tense and restless. He wanted to be done and get away as soon as possible to meet his friends. He had become the caged animal again.

Soon after, he escaped to "go to a movie" with his friends, unaware that his moment of truth was near at hand. My husband Bill and I now had a concrete lead that we were determined to follow to its conclusion. We had to find out once and for all what our son was doing.

Feeling much like we were in a spy show, we followed behind Matt's car, first to a friend's house and then to the meeting spot. We watched our son climb into the stranger's car, stay for a few minutes, and emerge. Before Matt could return to the safety of his car, Bill intervened, and a very shocked and frightened boy was standing face-to-face with his father. The friends were taken home, Matt was isolated, and we started the painful process of "getting honest" with each other.

At first, Matt tried to tell us that the rendezvous was "only" a marijuana deal that had fallen through because the dealer couldn't get the stuff. He was sorrowful, even repentant, and begged for another chance. Nevertheless, we took Matt in for a professional evaluation after which it was recommended that he be placed in a treatment program.

After several weeks, Matt finally was able to admit that the supposed marijuana deal was actually a successful transaction in which he had purchased two hundred dollars worth of LSD that he had planned to deal at his high school. We had not found the drugs because Matt had quickly slipped them under the plastic molding of the dash in our car the night he was caught, and there they still remained. He further revealed that before the drug deal was made, he and his two friends were free-basing cocaine for the first time in the basement of the friend's home while the family was upstairs, unaware.

It's not easy to confess a drug problem, especially to one's parents. They are the last ones a

Continued on page 20

"Train Up a Child in the Way He Should Go . . ."

Raynee Bengtzen

I grew up Catholic in the Salt Lake Valley, attended the public schools, and after graduating from high school, went on to pursue a degree in elementary education from the University of Utah. During my college years, I spent a summer in San Francisco working and playing with some of my LDS friends. It was there that the missionaries taught me, and I returned home to have my future husband's father baptize me a member of the Church of Jesus Christ of Latter-day Saints. I knew I wanted to be a member of this church; I knew I wanted to marry a returned missionary in the temple; I knew I wanted to have six children. I didn't care if we were poor. I was sure my dreams of having a romantic marriage, being a Mormon, having children, and living forever after in love and righteousness would be fulfilled.

I took every child development class I could in preparation for the children we would have. (It turned out that we had five instead of six.) As our family grew, I took every seminar and attended every fireside and parent education class that the schools or Church offered. I made absolutely sure that our children would be raised with the benefit of my diligent research and our love of the gospel and that they would be assured of our love and concern. I joined the PTA, worked in my children's classes, gave them lessons in sports and music, fed them well, read to them, and faithfully held Family Home Evenings every Monday night. We paid our tithing and accepted all Church callings. When my husband, Gary, was called to be the bishop, we both resolved to spend time with the children individually as well as in group family experiences. How could we fail? I knew we weren't the perfect Mormon family, but we were trying very hard to become one.

Life was good to us. My dream of a wonderful, kind, loving husband certainly came true. The dream of clean, healthy, well-mannered children came true, mostly. I was confident that my dream of the white-picket fence—a symbol of the shield protecting our happy, loving home—was becoming a reality. It never occurred to me that my "reality" was an illusion, a fantasy.

Our second son, Kirk, was a handsome, outgoing child who seemed to be born a leader. Sure, we had some problems with him, but nothing out of the ordinary that we could see. However, when Kirk was nine years old, he and his friend took some beer from the friend's refrigerator and went to the dirt field by our home to drink it. This was the beginning of seven years of substance abuse for Kirk, abuse that would alter his moods and anesthetize his feelings. By the time Kirk finished junior high school, he was using any drug he could get his hands on, drinking regularly, and stealing money from us to buy some of his supplies. Several times he stole our car in the middle of the night to go with his friends to get drunk or stoned, and sadly, to recruit others to "turn on."

All those years, from the time he was nine years old, we knew nothing about Kirk's usage. He was a difficult child to handle. At times he was secretive and moody, not wanting to be with the family, but these were symptoms that typify the age characteristics of most teenagers. At first, his grades dropped a little, but not enough to worry us. His friends were from good homes—clean-cut kids with good attitudes and manners. We were blind to what was really happening in our child's life. Kirk attended church regularly but usually sat in the foyer during sacrament meetings. He even gave talks in sacrament meetings and once in stake conference.

During the ninth grade, he and some other boys from the ward would go to our house during Sunday School to smoke pot and get high before they went back to priesthood meeting. It was at this time we began to worry about Kirk. We were told at parent/teacher conferences that Kirk rarely attended school and was failing most of his classes. He started bringing home strange friends—older friends. Then I received an anonymous phone call from a mother of a teenager at Kirk's high school. She told me that she felt sure Kirk was on drugs. When the

words were said out loud, somewhere deep inside of me I knew that she was right, but I didn't know what to do. I discussed this with Gary, but he felt sure that Kirk was clean—Kirk was just a difficult teenager.

So now, instead of child development classes, I began taking classes on drugs. I searched Kirk's room and found such things as marijuana seeds and wine coolers. He always had an answer: "Oh, Mom, I found it," or, "I took it from a friend so he wouldn't drink. Don't you trust me?" Gary believed him; I wanted to believe him, but I couldn't.

Then Kirk started doing better in school. He had always held down a steady job and was very dependable. He had been on a four-week trip with us and was closely supervised. He showed no signs of agitation or withdrawal. I felt things were better, but I was still worried. He observed his curfew, did his chores, took punishment well if he didn't live up to a commitment he had made, and even contributed to our Family Home Evenings. I began to have real hopes that if he had used drugs in the past, he wasn't using them now. And to top it off, Gary was the bishop—wasn't that some sort of guarantee?

So, our busy lives continued. I was released as Young Women's president to teach the Mother Education class. Admittedly, I had a difficult teenager, but I had no problem teaching the lessons. After all, who doesn't have at least one difficult child? Later, I was called to the Primary presidency. After five years of serving as bishop, Gary was called to the stake presidency. The night the ward was having a reception for Gary and his counselors to thank them for their service, Kirk approached his dad ten minutes before the party and admitted the truth: "I think I'm addicted to drugs and alcohol. I've made an appointment with Dayspring at LDS Hospital for treatment. Will you help me?"

No one in our family will ever forget those awful first days: The shock, pain, relief, hope, and fear we felt that first evening continued for the next several days. Gary took Kirk to Dayspring the following morning, knowing that Kirk had "just experimented," only to be confronted with hard facts about his past—not all the facts, but enough to crumble any remaining illusions. They both came to the school where I teach kindergarten to tell me that we had to get him ready immediately for seven weeks of intensive, inpatient treatment. And we had to tell the other children.

His eighteen-year-old brother, Teague, didn't say much but left on his motorcycle and rode around in shock for hours; Alicia, his thirteen-year-old sister, collapsed crying into Gary's arms (she had been publicly denying the "lies" people had been telling her about Kirk, and now she realized they were all true); Cory, age nine, and Christopher, age 8, just cried and held onto their big brother, not wanting to let him go.

My white picket fence was still standing but was severely damaged, and the happiness was leaking through the cracks.

That afternoon Gary and I drove Kirk to the treatment center and left him to face his demons alone. Although Kirk was sixteen, my heart was breaking when I left my baby to meet his challenge alone. Could he win? If he lost, I knew he would die. And he had to do this without us, his family. That night was the first time in our almost twenty years together that I saw my husband completely break down. We were terrified.

We were fortunate for two reasons: First, in admitting Kirk to the hospital we found that it is extremely rare for an addict to arrange voluntarily for his own treatment (they usually have to be forced by intervention, by the legal process, or by some other drastic method); and second, he wasn't ashamed he was in treatment—he was glad and even proud of himself. We were proud of him, too, and told everyone we saw (those who knew us and cared) that Kirk was in treatment, that he was a drug addict and an alcoholic—recovering. Most of the ward was shocked, but they rallied. They sent letters and food to the hospital. They visited when they were permitted. We were touched when a little boy whom

Kirk had taught to swim wrote him several letters.

One day during a Primary presidency meeting, I started to cry and couldn't quit. It was a beautiful spring day, which made my pain even worse. The pain was physical, causing my stomach to ache to the point that I was doubled over. I cried more and more until I was sobbing loudly. The president, a dear friend, just held me and didn't say a word. I'm sure that because we were open, the people around us openly showed their support and love.

Kirk suffered a great deal in treatment and has continued to struggle since. He dug deeply to find himself. He realized that without drugs and his friends, there simply wasn't a Kirk. This realization was almost too painful for him, and he wanted out. He ricocheted from high to low, crisis to crisis. In treatment, Kirk had to get real, he had to get honest, and he did. He worked very hard, but I don't think he really got in touch with who he was during the actual treatment. He found God and began trusting in Him, relying on Him. He needed God because there were nightmares to come, horrible nightmares about his own death, about severe rejection by his old friends. The nightmares proved prophetic when some of these "friends" vandalized our home and cars. Kirk began to smoke heavily, and his language deteriorated, although he tried to control himself around his family.

During his odyssey, he rejected our teachings one after another. No matter what it took, no matter what it cost, or who was hurt, Kirk was determined to find Kirk.

After treatment, he returned home—his double life ended. What had been his lifestyle away from us before treatment finally was apparent to us. The young man who walked in Kirk's skin was not the Kirk I thought I knew. The real Kirk smelled of tobacco, cursed often, and expected totally different treatment from us because of his "problem." He made some good choices, especially those of being honest and staying away from drugs and alcohol. He also made some very poor choices. At one point, we asked him to leave our home indefinitely because some of his choices were affecting our other children. We asked him to leave without knowing where he would go, but knowing that go he must.

My white picket fence was finally totally destroyed. What had happened? This wasn't in my life-script. This wasn't what I had been promised by our prophets. Weren't we promised that if we held Family Home Evening every Monday night, we would not lose even one of our children? And the scriptures promised that if we would "train up a child in the way he should go . . . when he is old, he will not depart from it." How could this happen to us? All of a sudden, two plus two didn't add up to four. The equation for a happy life had changed, but no one had told us.

Through my pain, I finally realized that I was missing an integral part of the equation: Kirk's free agency. That one aspect changed everything. In my usual fashion, I now substituted my drug studies with a study of free agency. I knew I had my free agency, but whose idea was it to give it to my children, unless of course, they "chose the right"? Didn't it matter at all that I was Kirk's mother or that Gary was his father? Did nothing we had taught him sink in? Did it matter that we had taught him? No. Kirk has his free agency to do whatever he wants, no matter what we say, no matter what rules we insist that he obey. He used his free agency and proceeded to break one rule after another. And so, he had to leave.

For our oldest son's graduation from high school that spring, we took him to Florida and visited Disney World and the Epcot Center. One Sunday, we visited a ward in Florida. During that small Relief Society's lesson on (can you believe it) free agency, I brought up my question: "What are parents for if a child rejects all of our teachings?" A woman, also a visitor, shared her experience pertaining to a student she had taught that past year. She

Continued on page 20

THE FAMILY DISEASE

Chemical dependency is a disease.

When I first started working with alcoholics and drug addicts, I had a hard time believing that. My professional schooling had taught me that drug and alcohol abuse were typically symptoms of some underlying problem. As my experience progressed, it became clear to me that there was something here that was more than just a symptom.

When there is heavy abuse of chemicals, it must be seen by therapists and parents as the primary problem to be dealt with first. It doesn't matter what changes are made in the family, what progress teenagers might make with self-image or other life skills; if the chemical dependency is not addressed specifically, it will tear down any progress made in any other direction. Improvement in those lateral areas is essential during treatment, but many counselors do not specifically address the disease of chemical dependency.

Many parents have trouble viewing drug addiction as a disease because of the aspect of choice involved. While it is true that kids do choose initially to experiment with drugs, the great majority of them would not choose to be chemically dependent. By the time teenagers reach their senior year, over ninety percent will have done some experimenting with alcohol or drugs. Approximately ten percent will go on to have significant problems with chemical abuse.

There is an intricate combination of variables that can determine whether a child becomes chemically dependent. It can happen to anyone, but some people are predisposed to it, like time bombs waiting to go off. Many times addiction is genetic. Studies show conclusively that if you have chemical dependency among your ancestors, your children will have a three to five times greater chance of becoming chemically dependent themselves. Many kids have a psychological makeup that will lead them toward chemical dependency more quickly. Some are just unfortunate in the drugs they pick: A child who gets into cocaine or pain killers, both of which are fast-acting drugs, will become addicted much more quickly than a child who uses marijuana, a fairly slow-acting drug. Research also proves that the earlier a person starts to use drugs or alcohol, the greater is that child's chance of becoming addicted. This is the main problem today with chemical dependency among our youth. They are using drugs at younger and younger ages and, hence, run a much greater risk of becoming chemically dependent.

Many parents feel a tremendous amount of resentment when their children abuse drugs. They might blame a child's friends or some unseen drug dealer who has seduced their kid into a life of crime. They also feel a lot of guilt, as though their child's problems were all their fault. But children have to make choices, and unfortunately, in this day and age, most kids are going to choose to experiment with drugs. Many will develop the disease of chemical dependency. We must face that fact and be willing to deal with it.

The disease of chemical dependency has four qualities: It is primary, progressive, chronic, and fatal. It affects the entire being of the person who has it. The best thing about chemical dependency, when compared to other potentially fatal diseases, is that it can be arrested. We do have treatment that works.

The majority of medical problems today—most heart disease, lung disorders, and gastrointestinal disorders—are caused by things related to our lifestyle. Chemical dependency is the same way. Our job as parents and professionals is to stop the disease, bring about treatment, and educate our children as to the natural consequences they will encounter if they continue to abuse drugs. After that, it does become an issue of choice. Then the children must make very serious choices and make them better than they have done previously. After we have done everything we can, if our children choose not to make the lifestyle change, they will suffer the same consequences as a lung cancer patient who continues to smoke, a person with heart disease who continues to drink, or a diabetic who persists in poor nutritional habits.

Kids from all walks of life can develop the disease of chemical dependency, but once they have it, the progression becomes very similar in all cases. The disease can be broken into four stages, the end of which is death. These stages are labeled experimentation, preoccupation, dependence, and disintegration.

Stage 1: Experimentation

As mentioned earlier, almost all kids in the United States will experiment at one time or another with mood-altering chemicals. For most, the

initiation comes through peer pressure. More experienced users who have learned how to change their moods through the use of drugs encourage their non-using friends to try them. First use generally occurs around the seventh or eighth grade and will typically be with alcohol, marijuana, or inhalants. Many kids report that during their first use they felt no mood change at all. Very few have a bad experience with their first use, so immediately they begin to doubt the things that have been taught them about the harmful effects of drugs. Having now been initiated into the club, the child can more easily justify further drug-use episodes.

Beyond that, a more powerful stimulus takes over. The drugs will soon start to have an effect, and the child will learn to respond to the euphoria that effect will provide. With a sense of having partaken of forbidden fruit, the child realizes that drugs really are fun. Often when speaking to groups, recovering kids will be asked why they used the first time. "Because they are fun," many reply. "I used because my friends all use. To be able to fit in, I went ahead and tried them. But after I tried them, I really liked the effects." The feeling that he gets from the drug becomes better and better to the child. He has found a whole new experience that seems to be beckoning him into a world never before discovered. With a sense of adventure and a few apprehensions, the teenager begins to move into Stage 2 of the disease.

Stage 2: Preoccupation

In Stage 2, adolescents begin to actively seek out the effects of the drugs and plan their use. They can move rapidly from occasional experimentation to using at least once a week. They will feel some mild doubts and some gnawing guilt, but the experiential learning, the actual doing and feeling of drug use, far outweighs the power of what they have learned in discussions with their parents or at school or in church. So they forge on. At this point, the drug use becomes premeditated, and deception must enter into the drug abuser's world. A little lie here and there seems a small price to pay for the euphoria that the drug user has begun to find. "My parents would never understand. They've never done drugs, so they can't understand what it would be like to actually use them. What they don't know can't hurt them." Experiential learning takes over again, as the kids find they can lie a great many times without getting caught. It truly seems that there is no problem as long as their parents or family don't find out.

At this point, the most common pattern is for kids to use marijuana two or three times a week and alcohol whenever they can on the weekends. They will soon find that the slow-acting effects of marijuana are much easier to conceal from parents than other drugs. At this stage of the disease, kids spend many hours discussing how to conceal their drug use from parents, teachers, and police. They also rationalize among themselves that their use is not really harmful. "Everybody is doing it. Some states have even legalized it. It won't be long until the whole country realizes that marijuana is just like alcohol and that it should be legalized as well." It should be noted that some states have decriminalized marijuana, making possession of small amounts a misdemeanor instead of a felony. It is not actually legal anywhere in the United States, but kids will seize whatever evidence they can get. They begin to pick out the most credible adults they can find to

show that people can use marijuana and alcohol socially without having any problems. The legalized nature of alcohol is probably the number one rationalization used by kids. "There just isn't anything wrong with having a beer once in a while. My Uncle Fred has one or two beers a month when he watches football games. Lots of states have dropped their drinking age to eighteen. The only reason they don't legalize it for the rest of us is because they want to reserve the pleasure for themselves."

As Stage 2 progresses, many teenagers go from using only at parties to using when they are by themselves. The mood swing is not quite as much fun without others to enjoy it with them, but it's equally predictable. One of the most powerful things about drugs and alcohol at this stage is that the effect is always predictable. There are very few things in life that a person can rely on to change his or her mood. Teenagers find a lot of security in the fact that they can turn back to drugs at any time with their reliable mood-changing effect. Another thing the Stage 2 teenager learns is that using drugs takes away thoughts of any problems he or she may have. It provides a great escape.

With regular use, teenagers will begin to develop a tolerance to some of the drugs. They may become bored with the effects of alcohol and marijuana, which are largely depressant drugs, and begin to turn more toward stimulants and hallucinogens. It is at the end of Stage 2 that the kids begin to experiment with other drugs like speed, LSD, and possibly cocaine. As their tolerance begins to build, as the teenager becomes more and more preoccupied with the drug, and as the use becomes more regular, the teen begins to move into Stage 3.

Stage 3: Dependence

As Stage 3 progresses, the teenager is using drugs more often to escape from stress. As tolerance begins to build, the teen has to use increasing amounts of the drug to achieve the same euphoria that was experienced in the beginning. Drug use will move up to daily levels. This is a critical step in the progression of the disease. When the child starts to use daily, the effects of one drug-using event overlap onto the next. The residual effects of hangovers and apathy syndrome are covered up by the use of more drugs. The users never quite recover from one episode before going on to the next. In fact, they quickly find that the best cure for a hangover is a drink or a joint.

The more the teenager escapes from his or her problems, the more those problems pile up. A typical scenario: Bill does not like school, so when Steve and Julie invite him to sluff third period and go use with them, he grabs the chance. Every time he sluffs school, he gets further behind in his work. The further behind he gets, the more risk he runs of being confronted by his teachers, thus confirming his dislike of school. The worse his schoolwork gets, the greater the allure of slipping out and escaping through sluffing and using drugs. This pattern will propel Bill right out of school. When he is finally suspended, he has the freedom to use as much as he wants and falls still further behind in school. He is caught in a rapidly downward moving spiral.

The child who is getting deeper and deeper into trouble usually recognizes this and starts to feel some remorse: "How could I have been so stupid? I've been kicked out of school, my parents are really

angry with me, and some of my really good, straight friends would never take me back now." The fear of failure that the kid was trying to escape in the first place becomes the ultimate self-fulfilling prophecy. Indeed, now it's not paranoia; the user's life really is starting to fall apart. On the other hand, he is now so dependent on the drugs that he feels he cannot stop even if he wanted to.

A panicky fear sets in, and the teenager looks around for new drugs—new solutions. Even drugs may fail the youth at this stage; tolerance has made them less effective. It is at this point that the kid might get into heavy usage of LSD or cocaine. It may also be at this stage that he or she breaks the barrier and goes into intravenous drug use, where the effects are almost instantaneous. It would not be unusual in Stage 3 to begin to see problems with overdose, drunk-driving citations, or automobile accidents. Stage 3 drug abusers may still be hard to detect because they will be holding on in panic to their drug use. They are so invested in it by now that getting out of it would be extremely difficult, at best. They have lied so much by this time, and have typically gotten so far into stealing and dealing, that they feel there would be no way to explain to their parents. As one such kid expressed it, "I made my bed, I knew I had to lie in it." As the pace of the spiral picks up, the teen begins to enter Stage 4 of the disease.

By the time teenagers reach their senior year, over 90% will have done some experimenting with alcohol or drugs.

Approximately 10% will go on to have significant problems with chemical abuse.

Stage 4: Disintegration

At this stage, everything in the drug abuser's life begins to fall apart. School deteriorates, his peer system deteriorates, his family situation deteriorates, and many times the kid gets into serious trouble with the law. By now, drug abusers know that they are in real trouble, but they are so invested in their lifestyle and so hooked on the drugs that they have no hope of coming out of it without outside intervention. They are totally preoccupied with drug use, and they will use repeatedly throughout the day. They get up in the morning and smoke pot in the shower. They stash drugs in various locations for easy access. They might be gone from home for days on end. In most situations where teenagers don't return home at night, it is because they have overused drugs the night before. They are so stoned or drunk that they know to go home would mean immediate detection. Consequently, they drag their feet and either don't go home at all or wait until a day or two later when they can adamantly deny any accusations of drug use. They feel that it would be much easier to field the punishment for staying out all night than to deal with their parents' having absolute proof that they have been using.

At Stage 4, most drug abusers are so preoccupied with their use that they become much more careless about it. They will begin not to work as hard at disguising their use and may even leave paraphernalia lying around the house. Such blatant

and open use could be construed as an angry defiance, an "I don't care" attitude, or it could be a desperate cry for help from a kid whose life is totally out of control. Most of the time it is a mixture of both. Drug users have lost their ability to choose at this point; they have no free agency left. Something must be done by people who care about them before Stage 4 reaches its inevitable conclusion: death.

As Stage 4 progresses, drug users seldom feel any euphoria. The failure in their lives and the guilt they feel keeps them overwhelmed with their pain. They have to use drugs just to bring themselves back up to where they feel normal.

The other factor that makes Stage 4 so serious is that any time the kids stop using the drugs, they go into withdrawal. No matter what drug is involved, there is a withdrawal syndrome. As soon as the body begins to clear the drug out of the user's system, the kid drops into a depressed condition in which he or she feels a tremendous amount of psychological pain. To keep that pain from coming about, the drug user must turn back to the drug itself. With increased use, the tolerance builds, and the drugs must be increased. As the tolerance level grows, it comes closer and closer to the toxic level.

The toxic level is the point at which the body can no longer absorb the drug and goes into an overdose condition. The possibility of the drug user's experiencing an overdose becomes more and more certain at this stage. He or she knows that continued use is a matter of life and death and will knock down anyone or anything that blocks his or her access to drugs.

The progression of the drug abuse disease is very predictable. Almost all chemically dependent adolescents will follow the same sequence. Moving from Stage 1 to Stage 4 would typically take from six to eighteen months; however, if the genetic predispositional factors are in place, the progression can take place in a matter of weeks. Another factor that can speed the progression of the disease is the age of first use. The younger an adolescent gets into drug use, the more likely it is that he or she will become chemically dependent. Many times a child who is eleven or twelve will be set up to go through the stages very quickly but does not have access to a continual supply or to the amount of money needed to supply the habit. However, in treatment it is not unusual to find twelve-year-olds who are at Stage 3 or even at Stage 4 of the disease. The real danger here is that if a child has progressed to that point by age twelve, he or she has very little chance of making it to age eighteen without the disease running its full course. In other words, that kid will need significant intervention to keep from dying from the disease.

Another factor that can speed the progression of the disease is the drug of choice. If adolescents pick marijuana, a slow-acting drug, as their drug of choice, the chances are more likely that the disease would take the full eighteen months to reach Stage 4. However, if the drug of choice is a fast-acting one such as cocaine, the disease can run its full course in a matter of a few weeks.

We all know that the sooner cancer is detected, the greater the chances are of curing it. Yet, many of us fail to go in for appropriate tests and cancer screens. We don't want to believe we might have the problem. The disease of chemical dependency works the same way. If we could catch a child in Stage 1 or even Stage 2, we would have a much better chance of curing that child quickly and completely. But we usually don't realize what's going on until the kid is so ill that only drastic measures can save him or her.

The Teenage Problem

Lewis B. Hancock, Ph.D.

We have a problem—and it is reaching alarming proportions. We see it daily on television. The President's wife, sports figures, and more and more celebrities are speaking out in public against it. Yet, even with all this, we have somehow been deceived into believing that the drug abuse problem of the 1960s is getting better.

Society has traditionally perceived drug abuse as a college student problem. Surely, we think, this is not something we need to worry about with our younger people. Consequently, over the past twenty years we have become increasingly numb to the intrusion of drugs into senior high, junior high, and even elementary school populations. Recent studies have shown that drug and alcohol use is typically ten times greater than parents suspect.

Drugs have become much stronger and more prevalent over the past two decades. In 1972, the average age at which a person first tried drugs was fifteen. By 1986, this average age of first use had dropped to twelve. Almost twenty percent of our teenagers have a drinking problem. The number of graduating high school seniors who have used cocaine is forty-one percent, more than twice what it was in 1975. Peer pressure has increased among junior high and high school students to a point that someone who has never tried alcohol or drugs is truly seen as a "geek," a "nerd," or a "goody-two-shoes."

Parents get tired of worrying about the constant threats of alcohol and drugs to their kids, and the pervasiveness of the problem has brought them to the saturation point of fear. Consequently, many parents have become numb to the problems. Even parents who grew up during the 1960s and saw drug abuse in its birth process do not understand the ramifications of nine-, ten-, and eleven-year-olds using drugs on a regular basis.

As parents, we need to understand that the world we grew up in has, to a large extent, disappeared. High technology and mobility have changed the structure of our families, our schools, and our lives and made our children much more vulnerable to drug and alcohol abuse. Recognizing these changes is an important step in understanding what our youth are up against.

The Changing Family

Parents today face many child-rearing challenges that were unknown forty—or even ten—years ago. When we were growing up, things were slower. Life was less complex than it is today. Our society was moving out of an agrarian age into a more highly specialized industrial age.

When the majority of Americans lived in rural areas and grew up on farms, people were much less mobile. They stayed home more, and they settled much closer to home to take up their professions. Consequently, extended families were much closer. Grandpa and Grandma lived down the street. Aunt Mary and Uncle Fred lived around the corner. We all went to the same church and would see a good portion of the family and community at least once a week. Today, Grandpa and Grandma have divorced. Grandma is living in Arizona, and Grandpa has moved to California; we've moved three times in the last ten years.

The breakdown of the extended family has left parents vulnerable. We have few surrogate-parent role models for our children to bond to and learn from. We have little help enforcing the rule systems that we set for our families or carrying on with family traditions. The process of intervention

into a problem has changed. It used to be that a great many family members could be brought together to confront a problem. A mischievous young person could be confronted at every turn as he walked down the street: by a neighbor, a grocer, or a gas station attendant who knew the child well. Now we can hide for months at a time without seeing anyone we recognize; we can protect ourselves and our children from anyone else's corrective feedback.

Schools

Our school systems provide another excellent example. It used to be that we were able to know our children's teachers personally. As society has grown and schools have become more specialized, teachers have also had to specialize. At younger and younger grades, our children are moved into multiple classes with multiple teachers. They are getting more specialized knowledge but losing the ability to bond and build close relationships with a few people.

Entertainment and the Media

Another area of change is the growth in the entertainment industry. We often point to the media as the primary culprit in the erosion of our family system. It is only one factor in many, but it does make its special contributions. The fact that today we can come home to lifelike, colorful, moving pictures, and have our choice from hundreds of alternatives of entertainment, has made TV an integral part of our lives. Our level of interaction within the family and within our neighborhoods has dropped significantly. We have exchanged live associates for animated ones.

Advertising and Instant Gratification

Another of the media's contributions to the problem of drug abuse falls in the lap of the advertising industry. Billions of dollars are generated each year by products aimed to give us, immediately, whatever our hearts desire. This instant gratification ethic is at the heart of drug abuse. For example, all of us have experienced the convenience store explosion. I can scarcely drive five blocks in my city without coming across a convenience store where I can slide in and pick up something to fill my immediate need for gratification. We have fast food and fast credit, and we are quickly teaching ourselves that anything that has to be waited for can't be worth having. This philosophy has frightening implications. The older and wiser we get, the more clearly we can see that the things that really fill us with meaning and gratification are those that take a long time and a lot of work to obtain.

Movement Toward More Permissive Values

This topic gets at another major contribution that the media has made to our changing society: an amoral stance toward life. The movement in the media has been toward teaching a more permissive values system than the one with which we grew up. When was the last time you saw a sexual encounter on TV or in the movies between two married people? And yet, it's next to impossible to go to a movie or to watch television today without seeing some sort of sexual advance between two unmarried people.

We might as well accept the fact that our children are going to grow up in a much more permissive society than many of us would wish. On the positive side, such a society provides a chance for our children to make a clear, conscious decision as to which direction they want to go in life. Our job

is to make sure they can objectively sort through the lies and find the truth. They must learn to understand the consequences of different actions. They need to know that drugs, alcohol, sex, and breaking the law all have inescapable consequences and that ultimately they must make these choices for themselves. They have to make their own decisions—and take their own lumps.

Peer Influence

So, our kids are exposed to a society in which the extended family has been virtually eliminated, parents have been removed from the home, schools have become more sterile, entertainment options have skyrocketed, instant gratification has become a way of life, and societal values have loosened considerably. It becomes clear why peers have such a significant and unhealthy influence over teenagers today. The more kids can stay away from their parents and around their peers, the better off they feel that they are. Parents pose a serious threat. They've seen their teenager's greatest faults, and they are a constant reminder that the kid is supposed to be preparing for adulthood. Peers seldom pose that threat. Peers provide an atmosphere of immediate acceptance with few membership criteria and few initial expectations, and the teenagers are also able to "start fresh" with each new group.

Most of us as parents have become so busy with our own lives that we have difficulty trying to keep up with the peers in our children's lives. Do you know who your children's friends are? Do you have those peers in your home frequently? Do you know who the parents of those peers are? These are some of the first requirements for parents whose kids are in drug treatment. Our kids are so mobile today that if we don't make a concerted effort to get to know their friends, they can quickly spread to a new friendship system of which we have no knowledge.



Yes, we have a problem, and no family, no matter how strong, is immune. We are not getting much help from the societal sources that we used to. The modern family must find creative ways to deal with the constant changes that bombard our kids. If you have no extended family nearby, you will have to make one. A likely place to look is your local church or to pull together a close group of friends who have children the same age as yours.

If you are afraid of your child growing up with values that are too permissive, teach them something different. Nothing can make up for time spent communicating with our kids. If we have sinned as a society it will have been in greatly underestimating how much time our kids need communicating with us about values and problem-solving. If you are worried about the kind of education your child is getting, then get involved. One person can make a tremendous difference in a school. And if you think the answer can no longer be provided by public school, there are more and more private alternatives for parents.

The bottom line is that we must become more creative in raising our children. Yes, society has changed, and we can no longer rely on the institutions of the past for support. But, for the creative parent, there are more alternatives now than any time in history.

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Codependency in the Family

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As parents, we have high expectations, hopes, and dreams for the children we bring into this world. We want them to be physically healthy, so we provide them with a balanced diet that includes the basic food groups, a schedule that allows them adequate sleep and rest, and opportunities to maximize their physical growth. We want them to be intellectually and socially healthy, so we send them to preschool and school, we enroll them in additional classes and activities, and we take an interest in and involve ourselves in their various programs. We want them to be spiritually healthy, so we teach and model for them valued principles, attend Church meetings with them, and encourage their participation in Church-related activities. In essence, we want the "best" and the "most" for our children—happiness, love, recognition, and success. But these hopes and dreams don't always reach fruition. Sometimes a health problem develops or an accident occurs that destroys the physical potentiality of our child. Sometimes, our child's interests or vocational leanings don't match our expectations or desires. And occasionally, our children choose activities that weaken or eliminate their emotional and spiritual health, i.e., the use of alcohol and drugs.

It is usually one and a half to two years before we as parents acknowledge our child's use of an illegal substance. It is difficult for us to admit that one of our own, whom we have cared for, nurtured, and taught, has chosen and become involved in an activity to which we are totally opposed. We do begin to notice some changes in our son's or daughter's behavior and emotions. Our child may begin to appear depressed. He or she may be less willing to participate in activities. School is "boring." He or she begins to withdraw from the family. His or her friends are changing. But, it's just a "stage" of adolescence, we tell ourselves. And as we continue to "deny" this involvement, these changes frequently continue to intensify. We begin to see that our family is not functioning the way it used to and that each family member is being affected by this monster that has invaded our home.

Finally, we notice that what is going on is not "normal." Our child is more depressed. School has become a disaster (but the kid maintains a laid-back, cool attitude). He or she begins to get into trouble with the law. There might be sexual activity. Our family is at war with the drug use, and there are angry confrontations. And even as we begin to overcome the "denial" process and start seeking help from outside sources, we still engage in dysfunctional behaviors. We argue as parents—we accuse each other of being too easy or too strict; the other brothers and sisters are mad, too, because all the turmoil is affecting them. And we continue to rescue and enable our child and his or her habit.

Some of these enabling processes include minimizing, rationalizing, suppressing, and blaming. In other words, we make excuses for our son's or daughter's behavior. We take over the household chores and responsibilities of the child. We lie to friends and other family members about chemically-related instances, or simply keep these incidents a secret. We bail them out of trouble at school, even with the law. And we endure ("this too shall pass") and wait.

In recent years, many treatment specialists and other individuals working in the substance abuse field have given our rescuing and enabling behaviors a name—codependency. There are as many definitions of the term as there are treatment specialists. Basically, however, it is behavior that is unproductively "other-oriented." Specifically, as it pertains to us as parents who are or have struggles with our children's inappropriate activities and habits, it is those enabling and rescuing behaviors that inhibit or slow down the treatment and/or healing process of the child and family. It is when we shield our child from suffering the consequences of his or her chemical use that, in turn, allows the drug use to continue.

In some ways, this appears to conflict with the goals and teachings we have received—that it is more important to think of others than ourselves, to take care of others, to help others in traumatic or stressful situations, and so forth. To further complicate this, we believe that if we do all the things we've been taught (set a good example, attend Church meetings as a family, have frequent/weekly activities together, and so forth), our family will be somewhat invincible to the pressures of the world.

We also seem to acquire the idea that if our son or daughter does engage in some inappropriate activities, gets into trouble, is caught using or is addicted to an illegal substance, then it is our fault, and we must have failed somewhere along the parenting course.

What we are actually doing is taking away our child's responsibility and accountability as we continue to make excuses for them, refuse to allow them to suffer the consequences of their actions, and blame ourselves for their choices. In other words, we must have a personal flaw. Our codependency is in full bloom.

As parents, we love our children and want to protect them from the many bumps and bruises that life will throw at them. And drugs are frightening—especially to those of us who have not been around them or seen the effects and numerous consequences that follow regular use. Because we take very seriously our responsibility for teaching our children and keeping them on the "straight and narrow," their drug use threatens our competence and our esteem as parents. We risk embarrassment by asking for help and acknowledging the problem, and so we become preoccupied with that child, both emotionally and socially, and our relationships with other family members and friends are affected. We begin to feel responsible for others' feelings, thoughts, choices, even their personal well-being. We assume responsibility for meeting the needs of others, to the exclusion of our own. We try to control the behavior of other family members and feel our reward only through others. Our children's behavior determines our happiness and our feeling of self-worth. And—it feels like love!

How difficult it is for us to remember that we cannot control the thinking, feelings, and behavior of another individual. This "truth" publicly demonstrated itself while I was on a short airplane flight. Next to me was seated a young mother traveling with a baby only a few weeks old. On take-off, the baby slept. But after just a couple of minutes, the infant began to cry, and cry, and cry. The mother fed the baby a bottle, burped the baby, changed the baby's diaper, stood up and rocked the

baby—over and over. Still, the child cried. After an hour, the plane descended, and the baby once again closed her eyes and slept. This parent had done everything possible to comfort and nurture the child. But because of other influences, the mother's efforts "failed." Frequently, we do everything possible to help our children make positive, productive decisions, but because we do not have control of outside influences, because we cannot control their thoughts, feelings, and behaviors, occasionally our efforts also "fail."

The period of adolescence also complicates our guidance and direction, as our young people begin to accomplish the developmental tasks necessary to them to reach a healthy adulthood. They start to work on issues of independence, identity, sexuality, motivation and determination, a personal value system and self-control, and intellectual capacities and accompanying skills. They begin to answer the questions: Who am I? Where do I fit? Where am I going? What do I need to get there? They are in the process of taking control of their own lives and future, an enormous assignment for such a short period of time.

There are some things, however, that we do have control over during this complicated and conflicting time of their lives. In fact, we are responsible for certain things:

- teaching right from wrong;
- setting limits and establishing family rules;
- enforcing consequences;
- presenting options;
- helping them feel listened to, taken seriously, and needed;
- validating their feelings;
- giving support in school and outside activities;
- loving them.

We need to remember that we are responsible to our children, not for our children. We cannot take away their rights: to make decisions, to make mistakes, to suffer consequences, and most importantly, to grow personally and succeed. Letting go does not mean we don't care. It means we trust them: to succeed, to learn from their mistakes, to reach their potential (not ours).

As parents, we must remind ourselves of our personal limitations in controlling the decisions and behaviors of our children. It is too easy for us to fall into the patterns of codependency and establish unrealistic expectations both for ourselves and our children. It is when these expectations are not realized that we feel inadequate, guilty, embarrassed, angry, crazy, exhausted, and depressed. We do the best we can. We provide for their physical health and comforts, their intellectual and social health, their spiritual health. And most importantly, we attend to our own needs so that we do not fall into the unproductive role of codependency that, of course, does not solve the problem but also paralyzes us and prevents us from being either of value to ourselves or anyone else.

Denial and Dysfunctional Families

Don R. Holdaway, M.D.

Denial. The word itself brought feelings of resentment welling up from deep inside. *Denial* meant to me the same as it meant to Webster, "the refusal to admit the truth or to acknowledge reality." Surely that didn't describe me. Being honest and open to ideas and truths had always been something that I had viewed as one of my strengths. Now I was being told that I had been in denial.

At first, it didn't make sense. I had never been given the opportunity to deny anything. No one, not a single person, had ever suggested to me that my son was using drugs. Had that happened, I knew I would have given honest consideration to that possibility. Certainly it would have explained many of the changes that were taking place in our family. Nevertheless, that hadn't happened, so I couldn't be in denial—could I? And then later, after knowing that drugs had become a regular and important part of my son's life, I began to own the denial process that I have since seen repeated over and over in nearly every family in which a child makes the choice to use drugs. Either one or both of a child's parents were involved in this denial process in almost every admission to the adolescent drug and alcohol treatment facility with which we have become associated. I came to understand denial as one of many possible actions that I might take to rationalize, ignore, or avoid the reality that my child had a problem.

I remembered pictures of "roach clips" drawn in my child's eighth-grade yearbook, along with references to "Acapulco Gold" and emphasis on "partying." I remembered grades crashing, peers changing, clothes changing, speech changing, moods changing. I remember Barbara, my wife, finding balloons, tubing, liter pop bottles with holes, and other things that we didn't understand in his room, and I realized how powerful our need for everything to be okay had been and also how destructive that need had been. I also recognized how poorly informed I had been about drugs and drug paraphernalia. Even with that lack of information, I had to acknowledge that some core part of me did not want to face reality, did not want to feel the pain, and had effectively managed to do that for a long time.

I was reminded of a patient I had once seen with a type of skin cancer, usually quite easily cured, that had been allowed to destroy much of her back. When she first sought treatment, the tumor had already destroyed much of her spine. During the several years that the malignancy had existed, she had viewed it variously as a spider bite, an injury, and an infection, all of which would get better and go away on their own. When the diagnosis was made and confirmed, she admitted having a feeling early in the process that this was cancer. She had built a defense mechanism to keep her from dealing with the deep fear she experienced when the possibility of cancer was considered. This denial process is often seen in medicine, especially in severe childhood disease or in malignancy. We sometimes go to great lengths to avoid the reality of the disease and what it will mean to someone we love and to ourselves personally.

This is closely akin to the denial process that I, along with many other parents of children who have abused drugs, experienced. At some level below surface consciousness, we created other reasons to explain what was happening to our children, to our families, and to ourselves. The problem was just normal adolescent behavior, a reaction to a family problem, a teacher without understanding, an argument with a friend, a personality clash with a religious leader. Only beneath many such layers of artificial coverings was there a little voice that raised the question of drug and/or alcohol abuse. Even when that little voice became a fairly loud scream, our love and trust and desire to believe everything would be all right kept us from hearing the voice. That child we loved so much wouldn't deceive us, lie to us, steal from us. He wouldn't become a part of a world so alien to all we believe and value, would he?

Perhaps the real tragedy of this denial process is also best understood by returning to the example of my cancer patient. She became one of

the only two patients with whom I have been personally acquainted to die from this particular type of skin cancer. Early in her disease, she could easily have been cured. Later, it would have been more difficult but still highly probable. Only when the denial process allowed the disease to reach its most severe expression did the possibility of death exceed the possibility of cure and life.

The two-year period that, on average, it takes a parent to accept the reality of the drug/alcohol problem allows the addictive process to progress and develop to the point that the possibility of death or at least failure of that individual to experience a "cure" becomes more likely than his or her chance for full recovery. As with cancer, the longer the denial, the more extensive and advanced the disease.

There are some powerful incentives to engage in the denial process. Having a child hooked on drugs translates in the parent's mind, and to at least some individuals in our society, as "I am a failure as a parent. I didn't measure up. It must be my fault. My family is out of control. What will people think of me? My goals, hopes, and expectations are not being fulfilled. I don't know how to deal with this. I am not perfect." Each parent would choose not to have at least some of those painful feelings, and the easiest way to avoid the pain is to avoid seeing the problem.

It is obvious that I had, in fact, been involved in the denial process, but as I struggled out of denial, I came face-to-face with another painful reality. Our family was not a healthy family. Some-one once said, "Show me a druggie kid, and I'll show you a family in pain." We were a family in pain. We had been in pain once a few years earlier with the drowning death of our three-year-old daughter, and the feelings were not dissimilar. We had learned that our family was a system that underwent changes any time even one member of the system changed. This was especially true at times of major events like birth or death, the move of a child out of the home to college or work, a job change, or a family move to another location. It was even more true when we felt that we were losing another child and that our core values were being threatened.

When our life began to disintegrate, the blaming began. I found it easier to spend longer hours at work where I did not have to deal with what was happening at home. Barbara, whose self-worth at that time was closely linked to the ups and downs of our children, entered a period of depression. One child did everything she could to ease the family pain by exerting a heroic effort to offset all the negatives with an ever-increasing list of accomplishments. Of course, the family pain continued, and she fought the unwinnable battle from a base of deep unhappiness. Another child moved into a quiet, passive time devoted to reading alone in her room, accomplishing much the same thing as I did with my long hours at work. Another child became sullen and angry and began using inappropriate speech and behavior to cover her feelings. All of us put on masks and assumed roles that, in some way, protected us from pain and allowed us to hide our true feelings. All behavior in the family seemed to assume a defensiveness. We had become another of those terms I had so much difficulty accepting—"a dysfunctional family."

Looking back, I feel that I had prepared the footings for some of the process toward a dysfunctional family by my strong personal desire to have my children adopt my value system. It is, I think, universal for parents to have concerns for their children's values and to try to persuade or convince them that a particular set of values is the set that they should follow. Ultimately, however, while a parent can teach, offer guidance, and live as an example of certain values, he cannot impose those values upon his children. Each child is a person and cannot be robbed of his freedom to choose for himself.

I feel that these lines from the television play *Plenty of Rein* by Clair Rosham are pertinent here:

Narrator: When does the time come, then,

to let go and say their destiny is in God's hands and not yours?

Keith: When they're wise enough to make the right choices.

Narrator: Then somewhere they have to learn to make significant choices for themselves and bear the responsibility for them.

Edna: Even if they are wrong?

Narrator: We all have our right to failure. When does the time come when your concern is excessive and your protection is overprotection? When do your children have to learn to flex the muscles of their own judgment, even if they take the wrong course, and it breaks your heart? The time must come because if they can't stand against you and against the crowd on positions they take for themselves, then how do they become anything more than well-behaved children?

Keith: Then what are parents for?

Narrator: To guide, to teach—remembering always that your children's destiny is not at any point in your hands, but in the hands of God. If you have realized this, then it seems to me you'll never have to face the question of when to let go. The hardest part of being a parent must be the initial decision—what it takes is faith. . . . Sometime it has to be said, "This child is an individual soul, the co-equal of mine." Sometime it has to happen. A child struggles for his independence and his maturity and his right to make even wrong choices. Ultimately he must put his faith and trust, not in his parents, but in God. And for a parent, this may be very hard and painful. But to protect his child too long—that must be to stand between the child and God. For as the parent bears alone the responsibility for his life and his choices before God, so is the child born with that privilege and that burden.

The question of how much "rein" at what age has been a difficult one in our family. Becoming comfortable with the concept that ultimately each of us, including our children, must make his own choices and take responsibility for them, has had value for both parent and child alike. A lasting value system must be the result of free choice without coercion.

As I recognized the dysfunction in my family, I learned the principle of looking deeply inside myself and taking responsibility for my own actions and for my own happiness. As the other members of the family have focused on becoming personally healthy, the masks and roles have gradually fallen or are in the process of falling away, and we are becoming a healthy family again.

All families, even those who are healthiest and happiest, have problems. Our ability to face those problems, believe that we can handle them, and see the future as bright and exciting is a measure of the health of our family unit. Moving into denial or using dishonesty to avoid the problem solves nothing. We must use reality and honesty to provide an assurance of love and support to each member of our family. We cannot "solve" the problem for a family member in trouble. For that person to feel self-worth and personal value, he must assume responsibility for his own actions.

We can, on the other hand, respond with ideas, openness, and the message that he is still okay to us in spite of actions that are in fact not okay with us. We must also be certain that each person in the family comes to know that he will not have to carry a sack of poor choices around on his back forever—that he can make new choices without having daily reminders of his old choices.

From denial to dysfunction and gradually back to health—it is a road with which we are all too familiar. On the other hand, like other roads, it has offered views that have beauty and power. Views of understanding, tolerance of differences, honesty, responsibility for one's own happiness, and the nature of unconditional love have all been available to our family on this journey. They have added a

THE LOST CHILD

Karalee Cutler Ditty



he hall was crowded with busy high school students finding their way to class when I saw him. He was walking down the middle of the hall-way toward me. The other kids around him seemed to disappear as I

watched him; something was wrong. He was looking straight ahead as if concentrating on an unseen spot at the end of the hall, continually bumping into the students passing him. He kept plodding methodically on. My step slowed as he neared, and I silently willed him to look at me and say something, anything normal, like, "Hi, sis. How's it going?" He silently turned his head, and our eyes met for a moment. His eyes were red and empty as he looked through me before he continued his journey down the hall. My little brother, Brad, was so stoned he hadn't recognized me.

I felt I lost my little brother that day. To me, the boy I had played with, laughed with, grown up with, had died. In his place, I saw—finally—the stranger he had become. This stranger was not only hurting me, but he was destroying our family with his behavior.

A year before, Brad had been arrested for the first time for dealing drugs in his junior high school. It was the first evidence my parents had—or the first evidence they couldn't ignore—that he was involved with drugs. They were devastated. They had raised four productive, honor roll, religious children ahead of this child. Their youngest child was not following the pattern. My parents did not know how to handle the situation. What exactly was the correct process to follow? They ended up arguing over how to discipline him. The day Brad was arrested, while my parents were involved in a heated argument over what to do, I took him out for a hamburger. I guess I was stating my position: I loved him, and I would stand by him no matter what.

Brad and I were the only children left at home then, and I felt like I needed to even the odds against him. I continued my pro-Brad campaign by sticking by him all through that year. I drove him wherever he needed to go, talked Mom out of being so hard on him, let him know I loved him and was on his side. He was such a good actor; I think my parents started to believe he was over the "phase" he had been in. He'd have occasional bouts of open rebelliousness, but on the whole, he had mastered all the drug-user cover-up tricks and had become an accomplished liar. It wasn't until that day in the school hall that I realized he had been using me to further his drug use.

I was more than devastated; I was more than hurt. I think that day, in addition to losing my brother, I lost my innocence. I felt so stupid, angry, and guilty for letting him use me that way. I lost trust in my own judgment; I lost my confidence and

faith in other people. I wasn't sure whom I could trust—if I could trust.

Not long after that incident, Brad was arrested again, and my parents began a new campaign to discipline him. I became the forgotten child, rather unimportant because I was not a problem. All my parents' attention was concentrated on the "lost sheep" of the family. I felt that I wandered "in the wilderness" for about three years while the family energy was concentrated on reclaiming the one lost. I viewed our house as a forest where a crisis was always hiding behind the next tree, an argument was waiting under the next rock. The dense undergrowth of anger and sadness was smothering us all under its weight. I dreaded coming home; I grew increasingly tired of the subject of Brad's problem; I threw my energies into school and tried to avoid Brad as much as possible.

My mom asked me to spy on Brad at school, but she refused to give me any information about the specifics of his behavior. I would sit, hidden, on the basement stairs, listening to arguments upstairs in order to find out what was going on. Although Brad didn't have his driver's license, he took the spare key and began taking my car from the school parking lot while I was in class. I felt he was still using me as an accomplice, although he continually denied his behavior, in effect calling me a liar and making me reluctant to provide information to my mother. I was caught between a rock and a hard place. I couldn't do what was right any way.

I suddenly had a new contingent of "friends," too—students whom I didn't know who identified me with Brad, pulling me into his circle of acquaintances. I wasn't thrilled. I didn't want to be associated with the "druggie" crowd. My own close friends were amazingly accepting about the whole situation, but others at school knew me only as "Brad's sister." The outside perception began affecting my self-esteem, my perception of myself as a person. I wanted to be excellent, but Brad was dragging me down.

I was relieved when my parents pushed Brad into treatment. I finally could see a light at the end of the tunnel. What I didn't know was that I had to climb on the anti-drug train to reach that end. The treatment program that my parents chose involved the entire family. I found myself at a family counseling session where Brad denigrated me, accused me—again—of lying. I refused to go back. I think that was the turning point, the point when I began to stand up for myself, to be a person outside and away from the problem in the family. My eventual refusal to attend counseling sessions also removed me even more from the rest of the family and set me apart. Once again it seemed I couldn't win; I gained my self-respect and lost family togetherness.

I still listened. I listened for endless hours to my mother talk on the phone to neighbors and counselors about Brad. I listened to Brad complain how tough our parents were being on him. I listened at the dinner table to talk about the last drug treatment session and plans for the next one. I listened to

my parents argue continually about what was the next "right" step. It seemed the family was firmly and hopelessly enmeshed in counseling and drug treatment, but nothing was being accomplished. Our lives still revolved around Brad and his negative actions. Although outwardly I appeared "normal," inwardly I was tired of listening, tired of the subject, tired of coping. I tried doing mental pushups, willing myself not to resent Brad and his neediness. In Luke it says, "And what man of you, having a hundred sheep, if he lose one of them, doth not leave the ninety and nine in the wilderness, and go after that which is lost, until he find it?" I was part of the herd.

One day, my class at the university was released early, and I decided to come home before going on to work. I walked in on Brad and a friend sitting in the kitchen drinking beer. I was furious. So much time, so much money, so much mental and emotional energy had been spent on this kid—and here he was breaking the rules of the treatment program he was still enrolled in! It was the final turning point; it was the point when I joined the "grown-ups" and decided that Brad needed love and support, but he also needed help. For the first time, I "narked" about Brad's substance abuse, and I became, in Brad's eyes, the enemy.

Looking back, he says I saved his life that day. While that may sound melodramatic, Brad lost something, too, that day. He lost his refuge, his sibling cover, his backup and validation. That was also his final turning point. On that day, he became committed to the treatment program and achieved sobriety.

I don't think I carry too many resentments from that time, trying though it was, but just the smell of beer or marijuana still unwillingly dredges up vague memories from that time, and with them the guilt caused by my naivete and lack of action. What Brad did was wrong, and I should have told him it was wrong at the beginning. I wanted so much to believe that he was still the little brother I had loved all his life, that he was trustworthy and capable of making correct decisions, that he wouldn't betray my love and trust. He wasn't, and I should have recognized it earlier.

Everything about Brad's drug use was not negative, however. Our family lost a few irreplaceable years together, but our situation gave me knowledge. I am better able to deal with the world and people because of what I learned from Brad and his recovery. I have seen more than enough arguments to last a lifetime, but the knowledge I have gained will, hopefully, allow me to raise my own family better and to teach my children about the perils the world has to offer. Our family has grown closer as a result of Brad's recovery and now "rejoices" as did the shepherd in the Bible who found his lost sheep, restoring the fold to completeness. "And when he cometh home, he calleth together his friends and neighbors, saying unto them, Rejoice with me; for I have found my sheep which was lost."

deeper dimension to our lives, a dimension that can add inner strength and give us greater ability to enjoy our own lives, and to give hope and positivity to our world.

One of the best ways to understand what it means to be a dysfunctional family is to understand what constitutes a healthy family. I like the description of a healthy family given in the book *Not My Kid*.¹

The real question is how the healthy family feels overall. Through ups and downs, the good and the bad, through the pain and pleasure, the tragedies and triumphs, how does it really feel to be part of your family?

Being a part of a family ought to feel stable and solid. No matter where you have traveled, or where you have gone, or how old you have become, the family that you return to

has the kind of stability and soundness that regenerates your batteries, your creativity, and your energy for life.

The family ought to feel good. Even with the arguments and all the other pressures, the family should have a kind of warmth that says you are loved, that it feels good to be here and that you are cared for. The healthy family feels energetic. There is a kind of excitement that encourages people to go ahead and do the things they want to do. The feeling of energy is a feeling of life because life itself feels good in the healthy family.

The healthy family challenges people to be their best. Interaction with your family causes you to stretch your imagination, to stretch your talents, to use your discipline and become what you are to be.

The family should be a place where people touch each other, where hugging reaffirms the love family members have for one another. The healthy

family does things together, shares family chores, takes an interest in the activities of others, and shares planned time with each other.

Finally, the healthy family is contagious. It makes you want to do it again because of what you have gotten. Because of how it feels to be a part of a family, you have an overwhelming desire to recreate the best of that family again with your own mate and your own children. And so the business of people-making and nurturing, the business of relating to people in the intimacy of a family goes on forever because you caught it from your own family.

The healthy family feels good. Pass it on.

¹ Polson, Beth and Miller Newton, *Not My Kid: A Parent's Guide to Kids & Drugs*. New York: Avon Books, 1984.

A S I S T E R

If the gradual but drastic changes in friends, clothes, attitudes, and behaviors didn't strike me in a sense of urgency, a call from the police station and a skyrocketing family tension level did. I could choose to ignore the things I saw happening to my 16-year-old brother only until I was hit with the blind truth and proof to back it. Still, I held on to my need for everything to be okay, and the reality of his drug problem didn't become clear until much later. Not only did I deny and rationalize my brother's transformation, I did the same to my own thoughts and feelings as I saw him separating himself further and further from our family—our once perfect family.

My first memories of concern for my brother came long before I noticed the outward changes in Todd. I remember his search for friends who would accept and include him. One time we both went to youth conference. I hoped that he would be able to have a fun time and feel included with our Church group. I watched him trying to get attention, and I saw his discomfort at being left out. I cringed to see him hurt, and being his older sister, I wanted to "fix it" for him. I tried to involve myself in his life by writing him letters or giving compliments. Trying to talk to him on a serious level seemed almost impossible sometimes because he wasn't genuine and I would end up getting hurt. After a while, I got tired of feeling rejected by him and just graciously stepped out of his life. He obviously didn't want my help anyway.

Todd started to bring home a lot of new friends. They were new friends but with the same clothes, ideas, even mannerisms as each other. I struggled with the feeling that they were becoming not only his new friends but his new family.

Gradually Todd began to change. He grew his hair out so that it always seemed to be hiding his face. Instead of wearing a healthy glow, his face was pale; cold, bloodshot eyes held an anger and hopelessness that made my brother appear foreign to me. He secured his separation from our family by refusing to participate in any family activity. I rarely saw him because his regular hours of sleeping came during most of the time that our family was at home. Once in a while, our paths would cross while I was on my way to bed and he was on his way to the kitchen for a late-night dinner. It was all he could do to drag himself out of bed in the morning in time for the second or third hour at school.

The call from the police station was not unexpected. Previously, my parents had discovered his "dealing" career and confronted him,

but he denied all accusations. Todd chose, after much discussion with my parents, to move out rather than live by our house rules. It had been a tough decision for him to make, and he had shown more emotion during the process than I had seen coming from him for years. I held on to any expression of feelings he would show because, to me, it was hope that he would have motivation to change. Todd moved out with my parents' assurance of their love but knowing that he would be fully responsible for all of his actions. When he came home for his birthday, his presents included canned food and cooking supplies. I wrote in my journal that it "made me think what stupid decisions he has made. Teenagers should be getting something 'cool' or 'fun,' and he has to be excited about pots and pans." My parents hoped and prayed for a situation to occur that would bring Todd to terms with his legal consequences because moral consequences didn't seem to be effective or even relevant deterrents to his behavior.

In order to pay for an apartment and living expenses, Todd had to find a job. He cleaned himself up and got a haircut. I saw him one day at school and could hardly believe it was the same person I had known a couple of weeks before. He looked like the brother I'd always wanted—the clean-cut, "I-hope-they-call-me-on-a-mission" type.

Several weeks later, I turned 18, and he was invited to my birthday dinner for which he never showed up. I found out later that he had spent the night in jail for stealing cigarettes from a local store. The officers who picked him up said that he had acted as if he didn't care at all.

Hearing about Todd's reaction cut at my hope more than anything else because to me it signified how much the drugs had affected his normal behavior and attitudes. I wanted to believe that the whole situation was only temporary, without any lasting effects.

My parents were spending all their time worrying and making decisions about my brother. Before I even knew what they were finding out about Todd, I knew that something was having a tremendous emotional effect on them. I supported their efforts and wanted the best for my brother, but his situation seemed to be consuming all of our family's energy, and he wasn't accepting any of the efforts on his behalf. I felt like any problem or need I had would be the straw that broke the camel's back. My parents felt they didn't have to worry about me because they knew I'd be "good." Although I wanted them to have that trust in me, I sometimes felt that Todd's problems kept me from being noticed and important in the family.

Once Todd's drug problem came out in the open, my parents faced it in part by talking about it with family and friends, who expressed concern. I didn't want to hide it, but I was frustrated that my parents were telling all my brother's deep, dark secrets, and he wasn't even there to defend himself. At times, it almost seemed to me that they were bragging about how bad he was. I wished that there could be some other topic of conversation once in a while.

I never remember having any feelings of being ashamed of my brother. He is a talented person with incredible potential, and regardless of what he was doing, I loved him. Still, it was difficult to see our forever family turning into a family that could be only partly together forever. I was afraid that our family, and especially my parents, would be judged by others. I imagined people saying, "If they had only . . ." or "I knew there was going to be trouble when . . ." I felt angry that possibly anyone could be judgmental, and I vowed that I would never again blame the parents of a "wayward" child.

When we found out for sure that Todd was using drugs and alcohol, there was almost a feeling of relief that we had finally been able to recognize the problem. Finding out brought some false sense of security that Todd's problem would end and we would all be okay. It was a tough thing to deal with, a real test, but if we just prayed and had faith, the whole thing would be over in just a short time. Besides, it couldn't be all that serious. Todd couldn't be involved too intensely in something so far from our standard of right and wrong. He knew how important our values were to us.

I hated not being able to trust Todd. I didn't feel like I could let him borrow money from me, but I could see his disappointment and frustration when I would say no. It made me feel guilty. I was betraying the brother/sister relationship we had. I became more and more frustrated as I realized how little control I had over the situation. It was Todd's responsibility, and if he didn't want to do it my way, he wouldn't.

While Todd was in jail, my parents went to visit him several times but would never bail him out because he had agreed to be totally responsible for his actions. That included not expecting my parents to get him out of whatever situations he had chosen to be in. When he found out that he would be sent to a camp to await his trial, he started to get a little bit scared. The place he was being sent to had a terrible reputation, and I don't blame him for using everything in his power to manipulate his way out.

It was kind of ironic that the day of Todd's trial was the same day I was being interviewed for

DRUG USE—A Kid's Point of View

Mike (18 years old)

The first drug I took was an inhalant—spray paint fumes—and it was the beginning of a decline in my life.

I was a normal twelve-year-old Mormon kid with the "usual" pre-adolescent problems—fighting with siblings, rebelliousness, trying to be tough, staying out late. I occasionally would even sneak my mom's car out to practice driving, but in my heart, I just wanted to do the right thing. I wasn't a very popular kid in school, but I had a couple of friends I could count on. One of them had a foster child living with them one year. He introduced us to inhaling, or huffing fumes from spray paint. This caused a momentary intense feeling of being both conscious and unconscious, followed by a black-out period that lasted ex-

tended periods of time, depending on how much was inhaled.

I loved it immediately. It gave my mind a break from reality and gave me a chance to have some "freedom." The problem was, the more I did it, the more I loved it, and the more I felt I needed it. This, of course, is hindsight. At the time, I only related that urge with "wanting to," not "needing to." If I had thought I needed it, that would have defined a problem, and I didn't have a problem.

In junior high, I was introduced to alcohol, which I warmed up to immediately. The effects were close to those of inhalants, but with two differences: I was usually conscious, and I became much more extroverted and sociable to be around than when I inhaled.

About this time, I became aware of the party network the kids had. I, like many other insecure kids, wanted to be more popular and liked, so I decided I would climb my way to the top of the network and achieve popularity and the status of "partyer." It was an easy climb. All I had to do was "use."

Looking back, I can now say I was obsessed with this desire. I threw away everything else I used to care about, concentrating only on the "scene"—parties, alcohol, and drugs. Using drugs was merely a catalyst in my declining behavior pattern at home. I was already learning that if you made it unpleasant for people to talk to you, fewer questions were asked. Therefore, I had more freedom to be with my friends.

At home, all my old problems with the family multiplied. Near the end, I was coming home only to eat, sleep, and use the phone. I treated my family as the enemy. After all, they wanted me to spend time with them and be friendly. Of course, I

SPEAKS

Sterling Scholar awards. I wrote in my journal, "I was being interviewed to see if I was good enough; Todd was being interviewed to see if he was bad enough." I didn't consciously make an effort to counteract Todd's behavior, but I think deep inside I wanted to take away the hurt my parents felt. I wanted people to say, "It must not be the parents' problem because look how wonderfully their older daughter turned out." I wanted as much attention for being good as Todd got for being bad.

The day after the trial, my mom took Todd straight to a drug program in Salt Lake. This started a whole new experience for us. My parents went down on Tuesdays, and our whole family went down on Thursdays. The first few times I saw Todd, I was extremely uncomfortable. I don't know if I've ever felt so much anger and hate from anyone. He even told my mom that he hated her. He talked about never wanting to come home if we ever talked about being together again. I just couldn't understand how he could opt to exclude himself from our family. When we told him how much it hurt for him to separate himself from us, he would just say, "It's your fault that you feel hurt. It's our dysfunctional family that has the problem. It's the family that put me here." We were a unit, though, and no matter how much he didn't care, we did. We had still lived and experienced things together, and without him, we couldn't be complete. I began to see that his wasn't just an in-and-out problem. Todd didn't even think he had a problem, and without knowing that, he would have no desire to change.

It was a little difficult to see him at his program with all the kids that we called "druggies" at school. I never thought someone in our family would be part of that group. We all knew better. I wanted my brother back as good as new, all fixed up and perfect.

School was not without its reminders of Todd and his situation. I would pass by his friends several times during the day. If they did acknowledge my presence, it was only through glares and snickering.

While Todd was giving his verbal drug history in a parent/client meeting one night, I began to realize that his addiction was a disease and that it had had a great influence on his life. The seriousness of his drug problem started to become clearer and more frightening to me. The light at the end of the tunnel wasn't as close as I had thought. Our family must have been easy for him to fool. I am amazed at how much we believed, how much we denied, and how blind we were. Todd told us during his drug history that he had used almost every kind of drug there was and that he had started as early as

sixth grade (he was now a sophomore).

My response to Todd's presentation was one of support. It was so important to me that he know I wasn't embarrassed by him. He was still my brother. I think the hardest thing for me to see was all of the talents and abilities he was wasting. I couldn't help imagining all he could do if he got off drugs and really applied and involved himself in life. He has so much to give. I hated to see him giving it up for something I didn't think would make him happy for any extended amount of time.

While I was dealing with this experience with Todd and finishing my senior year, I wrote in my journal, "My feelings varied from indifference to obsession." At one point, I would have an intense desire to be totally consumed in Todd's experience and to learn and gain as much understanding as possible. I would think about it constantly, dream about it, and get so involved that I could hardly concentrate on school. When I got sick enough of the heaviness on my mind and the pain became too intense, I would shift and forget about Todd. I would throw myself into something else that would keep me and my thoughts occupied.

As I wrote in my journal, "I was so angry at society for judging people—deciding who was good enough and who wasn't. If everyone felt accepted and cared about, I don't think anyone would want drugs. I have the strongest feeling of love for Todd and all his friends even though I can feel the tension between us."

My parents also felt like they had a responsibility to make the parents of Todd's friends aware of the seriousness of Todd's problem. They hoped that these parents would take a serious look at the possibility that their children could be using also. Some of the parents accused Todd of getting their children involved, but Todd always claimed that it had been a joint decision. My parents caused quite a disturbance by deciding to talk to other parents. It was not an action that endeared us to Todd's friends; I wondered at first if I would make it through the day with everything intact, but I was at peace with the efforts my parents were making to give something to our society. I felt they were doing the best they knew how—to make such a negative discovery in their lives a positive growing experience for not only themselves but for anyone else who might be having a similar experience.

In my efforts to rekindle a relationship with Todd and to bridge the gap between him and our family, I started writing him letters while he was still in treatment, calling him at his host home, and inviting him to do things with me. I'll have to admit that it scared me to death. I had no idea what to

expect. One night, we went to an AA meeting together. He went to AA, and I went to Alateen. Afterwards, we discussed what we saw in the future, the topic of my Alateen meeting. When I asked him about it, he said that he just had to live one day at a time. Being someone who likes to plan my life out several years in advance, I was not satisfied with his answer. It made me angry that he had so little commitment to goals and improvement. I was angry that the struggle wasn't over and that he would possibly use again. I felt frustrated that I couldn't have a guarantee that Todd would grow up the way I wanted him to.

During our conversation, Todd mentioned that our family was dysfunctional. That night I wrote in my journal, "I'll have to find out about that. I don't think we are—in general anyway." Now I think back and realize how dysfunctional we were and how we all fed into the problem, but at the time it was hard to recognize how each family member played his or her own part. We were all just trying to survive with the least amount of pain.

Todd continued on in his program, and he had good days as well as bad. He came home for the weekend once in a while, and after several months, he moved back home. The friends he made at the program have often been a support to him, and he has been a source of strength for those in the program as well as to some old friends who have quit using. Todd graduated from the program in Salt Lake, but he did not come home a totally different person. I have to realize that he cannot erase the past experiences he has had because they are a part of his life. He still has a lot of the same attitudes, and many of them are quite different from mine. Although I worry sometimes, I gain respect for Todd when I realize that because he will always be an addict, it is an everyday struggle for him to stay clean. I guess I shouldn't be so upset that he lives one day at a time. He is doing a pretty good job of it.

I don't think there is an ending to this story yet. I learn new things and have new feelings about this experience continually. I am still getting to know Todd better and learning to love and accept him more completely. It is not easy to let go of all the hopes and dreams I have for Todd in order to allow him his own growth in his own way. I haven't given up on him, though. He may not ever be what I had always wanted him to be, but now I have more of a desire for him to become what *he* wants to be and to love him—wherever he is in that process. ■

couldn't do that. That would be showing emotions, and it's easier to get away with stuff if I didn't have a conscience. That's how I was—obsessed, guiltless, unfeeling, angry, and looking for an escape.

As I regressed further and as time went on, I abandoned my close friends and chose new, "cool," using friends. With these new friends, I began using marijuana and eventually LSD.

Your mind finds incredibly easy ways to make you feel good. If something hurt, I would either use drugs or not care about that thing anymore. If I had a problem, I would blame it on someone else. If I was unhappy, I would "use." It worked on the outside, but all the hidden hurt and pain that I had been burying was beginning to well up inside of me.

In the fall of 1987, at age 17, I was worse than I had ever been. I was using whenever I could—skipping classes to smoke marijuana, getting drunk before school, throwing parties on weekends—and I still only looked at drugs as a way of coping, not as a problem. My parents, however, had

had enough, and they put me in a drug rehabilitation center for seven months. It was the first taste of sobriety that I had had in nearly four years. I learned many things and dealt with many of my buried feelings, but I still didn't want to believe or follow the first rule of getting better—to admit that I had a problem with drugs and alcohol.

As a result, I began seeing my old using friends and eventually became worse than I had ever been. Then, one out-of-control night in July, I had what I choose to call a "spiritual awakening." As a result of breaking into my parents' house while they were on vacation, having a party, stealing my dad's car, stealing a handgun, and being chased by police, I had to find refuge fifty miles away in the mountains. I was stoned, scared, and was planning on eating the barrel of the gun. While I was pondering suicide, I asked myself why all of these terrible things kept happening to me. The answer came immediately, clearly, and powerfully: I had a problem with alcohol and drugs that I had no control over. I was

finally at what is called the "rock bottom."

There was nowhere to go but up.

After going back to the program and getting straight once again, I eventually made restitution for some of the many mistakes I had made. After many months had gone by, my close friends and family began to trust me again.

That night in the mountains was an answer to an unsaid prayer. Had I not hit my rock bottom then, I may well have been hitting it in jail or on the streets.

It has been over a year since that happened, and I still feel just as strongly about my need to stay away from drugs and alcohol completely. Looking back, I see that a strong reason for my behavior was the importance of friends—to the neglect of my family. I now see the importance of a family relationship in my life—and I cannot take this for granted again. ■

MY STORY

Deween Durrant

My son was a lot like yours at age twelve. He was three merit badges away from becoming an Eagle Scout; he was an all-star baseball player and enthusiastic about life and all of its adventure. He attended church and was above average in school. I don't know what happened—exactly when, why, or how—but sometime when he was thirteen, everything changed. He quit Scouts. He lost all interest in sports. His personality changed, he failed school, and his behavior became abominable. In essence, he dropped out of life. He had discovered drugs and alcohol.

Now what? What's a parent supposed to do? I was a teacher of troubled secondary students—trained to recognize the signs and symptoms of drug abuse. As a result, I suspected and discovered my son's involvement within a few months. A teacher is legally obligated to inform the parents, but I was the parent, and I did not know where to go or what to do.

I read books. I attended meetings. I took classes. I enrolled my son in special programs. I got him counseling. I confronted him. I punished him. Nothing worked! I searched his room. I called the police and reported him. I called psychiatrists, counselors, school officials, probation officers, the bishop—anyone I could think of—and asked for help. No one had any new ideas—no positive answers. They all reassured me that I was doing the right things, but nothing worked.

I cried. I canceled plans in order to "watch" him. I withdrew from my activities, obligations, and friends to be available to him. I tried to love him more, give him more positive attention. I worried. I agonized. I got colitis. I became an "addict," too—addicted to my son. I tried to control his activities, his friends, his life. I started to follow him, to check up on his whereabouts. I'd get up in the middle of the night to see if he'd gone out the window, and when he had, I'd be waiting when he'd come back home—through the window. I warned him that if the police ever called me to say they'd picked him up, I would not bail him out.

I got the dreaded call in November 1984. He was fourteen years old, in the ninth grade. He'd been picked up for sluffing school with a friend in possession of "pot" and its paraphernalia. I had the police take him to Youth Services, a county facility where runaways and troubled teens may be taken by police or parents for a temporary "time out," and where brief counseling and decisions regarding the adolescent may take place.

That was the beginning of our son's police involvement and what eventually led to a long string of interactions with "the authorities," including several stays at the detention center, six weeks of psychiatric hospitalization for depression and suicide threats, probation, youth corrections, restitution, ward-of-the-state, and fourteen months of residential placement.

All of this served to interrupt his use, but it did not deter him from returning to drugs, becoming "hooked"—over and over again. During this time, he used alcohol, marijuana, hashish, LSD, mushrooms, over-the-counter drugs, prescription drugs, morphine, cocaine, and several other drugs. An estimate of the street value of drugs taken into his body was in the neighborhood of \$10,000. He got his money by stealing, shoplifting, selling or pawning his possessions, and dealing drugs. I had no idea of the extent or cost of his addiction until years later.

During these months, he became "program-wise." He learned to play the game, say the right things, and take the steps necessary to progress and return home. In actuality, he did pick up some good skills. He earned some school credit. He learned about the hazards of a life on drugs. He established

some meaningful relationships with counselors and others. I believe there were times he did want to change. But once he returned home to his "friends" and the community, he did not have the "life tools" to sustain sobriety, and soon the previous pattern of behaviors was again entrenched. As I see it in retrospect, a critical problem was that none of the programs he completed dealt specifically with the issues of chemical dependency and the needs of an alcoholic/addict. Because his problem was misdiagnosed, his disease went untreated.

In addition to the grief that I felt at losing the son I knew, I ached for each member of my family. The pain, anguish, and humiliation we all had to endure because of his drug-related activities and behaviors were unbearable. My older daughter was threatened, frightened, and once told by other "druggies" that her brother was going to be killed. There were times that my younger children were ostracized, and they cried over mean, hurtful remarks made to them regarding their brother. I dealt with conflicts daily and tried to resolve them in a way that



was acceptable to me, to him, to other family members, and in accordance with gospel principles. This left me exhausted, discouraged, and guilt-ridden. I was convinced I had failed as a mother.

In an effort to project decorum and composure, I attempted to face my friends and neighbors, work colleagues, and Church members by presenting a facade that all was well. I responded with superficial remarks and tried to camouflage hideous secrets. In time, however, I simply withdrew. I isolated and insulated myself. In my "sick" way of thinking, I felt that I was the only person in the world dealing with this kind of a problem. I felt responsible for my son, yet helpless to do anything about his behavior. For a while, I felt hopeless that life could ever be different.

Within three or four months after my son completed his last residential program, it became apparent that something else had to be done. He was sluffing and failing school, spending less and less time at home, losing weight, and his physical and mental condition was deteriorating. He became increasingly hostile in his relationships with others. He coughed continually. He exhibited frightening mood swings; his language was abusive. I noticed money disappearing again.

Emotional, financial, and insurance resources were near exhaustion. Still, I had to try something, to make one last attempt. He was only sixteen.

I had heard of Dayspring, one of several treatment centers for chemically dependent adolescents, and began researching it more thoroughly. I attended programs and talked to parents of clients and referring agencies. I investigated and compared drug treatment programs. Finally, I checked with physicians and insurance companies regarding treatment and coverage. Having done my homework, I was ready to exercise the necessary "tough love" to

have my son admitted.

At a family meeting, his corrections worker told him that because he had failed to comply with his treatment plan, he was being admitted to Dayspring for a two-day evaluation and that further treatment would be dependent upon the results of that evaluation. Needless to say, he was enraged! He did everything to try and convince us that he did not need treatment. He promised he'd quit using. He said he could do it on his own; he just needed one more chance. He didn't want anything to do with treatment—it "messed with your head." We didn't budge.

The morning for his admission came, but he had gone—via the window—sometime during the night. I was so overwhelmed by anger, fear, contempt, worry, frustration, guilt, depression, and more that I just wanted to die.

My son was gone for several days, but luckily he was picked up by the police late one night for a curfew violation. When they called for us to come and get him, I refused. I told them there was a

pick-up order on him and that they would have to take him to detention. He sat in detention for two weeks without a visit, letter, or contact of any kind. Eventually, he sent word that he was ready to go to treatment, and at a court hearing, the judge ordered him there. We drove directly there, stopping only for a hamburger. He went to the bathroom—and "ran" again. I was furious, hurt, humiliated, devastated.

Five days later, the doorbell rang at 10:30 P.M. There he stood. He was again ready to enter treatment. And this time he meant it. In the morning, he was still in his room and willing. We admitted him that day.

During his treatment, he began recognizing and admitting that he needed and wanted help. He began making progress, but it was slow and took a lot of hard, soul-wrenching work.

The whole family needed to work on getting well—dealing with pain, hurt, fears, and issues. We had to confront each other with our emotions and let "stuffed" feelings surface. We needed to work out the anger, bitterness, and frustrations previously harbored and ignored. Finally, I learned that I wasn't alone with this problem, and, moreover, I wasn't responsible for my son's choices. I learned that I do not have the right or the power to control him (or anyone else). As a responsible parent, I can teach, provide opportunities, set rules and consequences that can be enforced, but he has the free agency to direct his life by the choices he makes.

I found that attending Alanon meetings was particularly helpful, and I started directing my attention to controlling the life, actions, and attitudes of the only person in this world I have any real power over—me. Once I accepted this philosophy and "worked my program," I began to heal.

There are no guarantees that my son is "cured," but then, there are no guarantees that surgery will be successful or that financial investments will bring a profit. There is only the potential for gain and improvement.

Today, my son is alive! Thirteen of his friends are dead as the result of drug-related incidents. Today, my son is healthy, honest, active, and involved. He is enjoying and appreciating life. He's making new friends, achieving some goals, and working part-time as a peer counselor—helping other adolescents recover from chemical dependency. Today, he's sober and has been for more than two years. Today, there's hope that there will be a productive and happy tomorrow. But, if for some reason he chooses to "use" again, today I know that it will hurt and that I'll be sad, but I don't have to let it control and ruin my life as well.

DRUG & ALCOHOL ABUSE FROM A BISHOP'S AND A FATHER'S PERSPECTIVE

John Richardson

The problem of drug abuse knows no religion. Its disruptive influence may be found among those we love most. Like a weed growing in a fertile productive field, drug abuse will surface among choice families in our Church society.

Drug abuse found its way into our family while I served as bishop of our ward. While I was performing the delicate tasks of attending to the needs of my family and ward, it came into our home. It was a shock to find alcohol and drugs hidden in my home by my own son.

As the news spread around the immediate family, ward, and community, I felt that I was losing my effectiveness as bishop. It became more difficult to instruct and direct those who came to me with family problems. I often felt like the prophet Alma who said to his son Corianton, "... for when they saw your conduct they would not believe in my words."

It is said that in drug and alcohol abuse, God is the first to go. "Honor thy father and thy mother..." goes as well. We had difficulty advising, counseling, and controlling our son. His lifestyle was more important to him than God and family.

I went on a guilt trip as a parent failure, a bishop failure. The phrases, "No other success can compensate for failure in the home," and for bishops, "... having faithful children not accused of riot or unruly" (Titus 1:6) bit home. Where had I gone wrong? What kind of an example was my family? What will people and family around us think? How much respect had our family lost? How can people come to me for advice if I am failing in my own home? What of family honor?

Although all is still not well in our home, I have reconciled my feelings. In hopes that other parents who have similar problems may be helped and comforted, I offer the following suggestions:

1. Talk with and listen to Heavenly Father. I found my greatest source of comfort was in fervent prayer—then listening and reading the scriptures for answers. This process put the rest of the list in perspective.

2. Confide in priesthood leaders. I had a loving stake president who spent time giving me encouragement and advice. I valued his direction. Our priesthood leaders have specific direction, counsel, and resources on drug and alcohol abuse.

We are counseled to have family prayer, family instruction, scripture reading, and attend the proper meetings. We may do all these things and yet find drug abuse in our family.

3. Do not expect to be a perfect parent. It took me seventeen years of formal schooling to become an engineer. There are few formal classes offered on parenting. We learn by the "school of hard knocks" and do the best with what we know.

We make mistakes along the way. By "unconditionally loving" our children who are abusing drugs and alcohol, we may unknowingly facilitate and enable our children in their abuse by coming to their rescue.

4. Seek professional help. There are many competent professionals within and outside the Church. We found that our son's treatment center provided a great deal of therapy for our family. We also counseled with Clyde Boyle. I highly recommend his book, *How to Live With Your Children and Like Them*; it provides much of the needed training on raising children that we had not received earlier.

5. Remember who owns the problem. The second Article of Faith states, "We believe that men will be punished for their own sins..." Simple and clear. Did we teach our child how to take drugs and alcohol? Did we teach him to be deceptive and dishonest? Did we teach him to forget his God and his values and to violate his own conscience? Certainly not! Most parents are conscientious in teaching their children proper values. Our son made those choices himself. Through his own agency, he has chosen to reject the values that we taught him. He owns the problem. We hurt because he has the problem and we are trying to provide the proper assistance to help him overcome the problem, but it is still his "own sin," and he needs to be accountable for it.

6. Do not label yourself a failure as a parent. Were Lehi and Sarah failures because they raised Laman and Lemuel? Were Adam and Eve failures because they raised Cain? We know this is not true. What then constitutes "failure in the home"? It means giving up, not caring, setting a bad example, teaching incorrect principles, going on a pity trip, or leaving the instruction of our children to chance or to others. We need to put our efforts into instructing and setting a good example for our children. The scriptures teach that Adam and Eve and Lehi and Sarah provided much counsel and direction for their children in their old age. The Church provides the means for accomplishing our tasks as parents. We are counseled to have family prayer, family instruction, scripture reading, and attend the proper meetings. We may do all these things and yet find drug abuse in our family. Children come to us with their free agency.

7. Do not worry about what others will think. Good people tend to be more supportive than judgmental. We should be more concerned about what our Father in Heaven thinks of us. When we are at peace with Him, He will give us the strength that will carry us through.

8. Have faith. Our Father in Heaven has invited us to exercise faith in Him. We need to let go of our feelings and to trust in Him. The judgment day is not yet. We still have time to adjust our lives. The prayers and efforts of caring people will have an influence for good on those we love.

For bishops, I offer the following:

1. People with drug and alcohol problems lie. They can look you straight in the eye and deny any involvement. Statistics show that the average parent finds out that their child is on drugs and

alcohol after one and one-half years of use. Learn to recognize the signs of drug and alcohol abuse.

2. A family is in crisis when a child is using drugs or alcohol. Family relationships have usually deteriorated to a painful level. Adult leaders need to offer support and encouragement to those families. An understanding word is helpful in the midst of crisis and confusion.

3. Do not try to minimize the serious nature of drug and alcohol abuse. When a person has the problem, he is out of control. You will see a pattern of lying, deceit, and broken promises. He will not have the ability to make proper value decisions for himself. Suggest and seek professional help. The Church puts out a handbook on drug and alcohol abuse. Follow it carefully.

4. When a person is in formal rehabilitation, visit with him. Become familiar with the steps in rehabilitation. Awards and recognition are offered at certain stages of progress and accomplishment. Be there at those times. Relationships, self-esteem, and love are fostered there, and these are good times to offer your support, encouragement, and understanding.

Where had I gone wrong? What kind of example was my family? What will people and family around us think? How much respect had our family lost? How can people come to me for advice if I am failing in my own home?

5. In most institutions, a person is expected to change his peer group. He will submit a list of "acceptable" people with whom he can associate. Sometimes in doing that, he cannot associate with some other "using" members of his ward during therapy. This stage also offers a good opportunity to establish good relationships with strong members of the ward.

As a young man looking into the future, I dreamed of missionary work, temple marriage, secure employment, a beautiful wife, and a fun, happy family. I didn't think much about future tragedy, unhappiness, and opposition in my life. Drug and alcohol abuse was one of those unwelcome experiences in my life. But, like any other opposition, I can learn lessons from overcoming and dealing with it.

GETTING PAST THE PAIN— HOW I SURVIVED TWO KIDS IN TREATMENT

Elizabeth Call

One of the most alarming statistics in the field of teen addiction is the frequency with which siblings of substance abusers become abusers themselves. I suppose part of this is the genetic factor of addiction, but it is commonly found that kids are often started on the path of drug abuse by an older sibling or relative.

In our case, my second son Mike began to experiment with drugs and alcohol with friends in our neighborhood and ward. No one in our family had any experience in this area, and it was difficult to realize the signs that later were so obvious. As I became more and more aware of the harmful effects of a teen using drugs, I realized that the whole family was at risk. My main concern was the influence and example that was being demonstrated, not really knowing how much the six younger children were aware of the problem. In fact, the others were not aware of specifics, but we were all living in a family that was in conflict and stress most of the time.

It was the fear for my other children that first sent us for help with Mike. I could no longer wait for him to work out his problems by himself. Years of counseling, classes, and reading had helped some, but the same basic problem was still there and getting worse (we still didn't know for sure what the problem was).

For a period of three years, we saw dishonesty, anger, and confrontation becoming more and more frequent. Everyone in our large family was adapting to avoid the stress of living with a kid growing more and more out of control.

I kept wanting to "fix" everything—trying to keep the family ship from sinking, or even tipping, when everyone else could see the water rushing over the sides of the ship by the gallons.

My husband moved between anger and hopelessness, trying to understand what was wrong with his son. Some siblings withdrew and either stayed away from home or restricted their activities outside the home. The youngest ones kept their distance, never sure what Mike's mood would be at any given time. Most family members were sick of

the problems and left him alone as far as possible. In times of crisis, it often became easier to give in and avoid a scene. We were losing our influence, except on the most superficial matters.

At times, there were hints of peace and understanding—just enough to give us hope. Yet, we all knew something was wrong. "Normal" became a vague notion that we couldn't define anymore.

I had gone through a pregnancy and birth during this period and was physically and emotionally exhausted trying to meet the needs of an infant plus being totally preoccupied with Mike. Needless to say, I was not a very happy mom for anyone.

The tension and conflicts within the family became unbearable as Mike had more freedom. He was out of "sync" with the rest of us, but we still thought his must be normal teen behavior. Yet, my gut feeling was fear, and I wasn't sure why.

We knew of some experimentation with alcohol, and even a few drugs over the years, but a phone call from a concerned friend drove me to action. I discovered that all of Mike's behaviors were signs of a kid using drugs. Still deep in denial, however, I was sure his problem was behavior-oriented rather than involvement with drugs.

After two days of evaluation at a treatment center in a local hospital, Mike and the whole family began long-term help for a problem larger than we had imagined. The problem was substance abuse, mainly alcohol, and not emotional problems. It was a relief to finally talk to people who were familiar with our problems and could answer our questions.

When we placed Mike in treatment, the whole family felt a sense of relief. I felt sure there would be few lasting effects on the other children, especially because our treatment program addressed such issues with each member of the family. As hard as it was to admit to myself that our kid was an addict, I consoled myself that he would be the only one of my eight children this would happen to—the consequences to the family had been too great not to have been comprehended by the younger ones.

Having accepted the time and commitment involved in a treatment program, I now had to decide if I could risk telling friends about our situation. How could I ever reveal the total devastation of the process we had been through? Although I certainly knew others with difficult children, I knew no one else with these kinds of problems and felt very alone in my grief, depression, and guilt. We were such a "nice" family with all the signs of being "okay." But still, our family was in crisis. How could it have happened? Hadn't we done all the "right things"? Although we had been welcomed by other parents in treatment, it was difficult to imagine sharing our situation with anyone in my ward.

For months after entering treatment, I said nothing except to close friends and family. I went on teaching Relief Society and feeling the hypocrisy of giving instruction on gospel principles, while my own son was far away from the safety net of obedience to those principles. I sometimes would hint at a less-than-perfect life, but I'm sure no one imagined the depth of my pain or hopelessness. With my oldest son on a mission and the rest following along, we appeared to be doing all the "right things." I felt, however, that there must have been some terrible flaw in our teachings or example to result in the awful truth that our bright, handsome, seventeen-year-old son was in drug treatment.

After a few months of therapy, I began to lose the "guilt" and came to understand the process of addiction and its effects. While I carried some responsibility for enabling Mike and having other shortcomings as a parent, I realized that Mike had made his own choices, even after all the positive parenting we had done.

As part of my own healing and in order to educate other parents, I began to speak in public with other kids in treatment. To schools and wards where I was unknown, I could talk freely about our family's experience. I became stronger when I saw how many other "nice" families were being torn apart by the influence of drugs and alcohol. I found I had help to offer and badly needed information to give—

INTERVENTION PROVIDES HOPE

Shirley Cutler

Parent Intervention Specialist
Dayspring at Wasatch Canyons Hospital

I walked out of my office into the waiting room. The family waiting nervously consisted of a grandfather, a brother who was involved in law enforcement, other brothers and sisters, and the mother and father. Sixteen-year-old Dan, who was to be admitted to treatment, was dressed completely in black, with chains and other jewelry around his neck and arms. I had spoken earlier with his mother to set up the appointment. She called me after finding a bag of something that she said "looked like herbs" in his room. Dan was sullen; those surrounding him were nervous—and expectant. They had just completed the first steps to his recovery from drug abuse: intervention.

You may suspect your child is using drugs. You'd like to pretend it isn't happening, but you know it is. The unthinkable must be not only thought about, but dealt with. Where do you start? For the disease of drug abuse, intervention is treatment that begins at home. It is, for many, the first sign of hope.

Drugs and alcohol have become increasingly pervasive in our society, and more and more people are using them. A dysfunctional family is one in which one or more people have addictive behaviors and the other family members do not know how to deal with the addiction. Dysfunctional families have been around since time began, but because of their modern prevalence, we are now being forced to deal with the problems rather than

taking the Victorian outlook, "If I don't see it, it isn't there." Psychologists today look at heredity, environment, and placement in the family to determine the causes and treatment for addictive behaviors. Their work leads them to draw upon all the resources so that we may become educated, treat our addiction problems, and share that knowledge with future generations.

In the world today, the word *intervention* has evolved and taken on a new meaning. Intervention is an organized, structured process of confronting any dependent person with the unacceptable behavior that results from that dependency.

An unacceptable dependency is behavior that gets in the way of an individual's living a "normal," productive life. Some examples of addiction are excessive use of alcohol and/or drugs, anorexia, bulimia, and codependency. Addictive behaviors are most often a result of one's heredity, environment, and family placement. Science is discovering that as one chooses to act on addictive behaviors, one can also choose, through proper education and treatment, to put that addictive behavior into remission. Addictive behavior is a disease much like cancer: We don't have a cure, but we can provide treatment.

My experience with addictive behavior began when the youngest of our five children started using drugs seven years ago; he was twelve years old. As a typical family, we went through the predictable process of denial. Although his grades

were falling and his group of friends changed dramatically, we refused to admit there was a problem. When our son was arrested in the ninth grade for giving some marijuana to a girl, we were forced to deal with the devastation, hopelessness, conflict, and despair that comes with the use of a controlled substance. At the time, we did not know anything about the availability of drugs, about how many kids are experimenting, and about how many are becoming dependent. We had never heard the word *intervention* used in relation to addiction. Instead of seeking help, we spent the next three years alternatingly being tough, loving, pleading, demanding, and even contracting to help our son change his behavior.

Nothing worked. The road to our own intervention came about one day when I found our son with stolen money and an ounce of marijuana taking my car to make an LSD purchase. I confiscated the marijuana and said, "We go to treatment, or I will turn you over to the police." It was a bottom line. Luckily, he chose treatment, and his "disease" has now been in remission for four years.

Intervention is a process that should begin before a family goes through so much devastation and despair. With the knowledge we have today, there is no reason a family should suffer—as ours did—without professional help. Through my son's experience, I have become involved with a drug treatment program and have seen many families who

personal resources and books that could possibly give direction to other families in crisis.

After five months, I was finally able to speak freely in my own ward at a meeting dealing with drug abuse. After recounting some of my experiences, I received support from everyone there. Others with similar concerns talked openly with me, and I saw that change was possible, beginning with me. My heart had been touched and softened—broken really—and I was open and aware of the struggles of those around me.

Meanwhile, things were going well at home, with Mike a happy, productive part of the family, when I became aware that my next son, sixteen years old, had begun experimenting with getting "high." Even after all we had been through, the negative example of his older brother was not enough to keep him from trying. Because his behavior was not as out of control, he himself saw no comparison to what Mike had done. When, after a few months, the attendant problems of abuse began to appear (school problems, attitude change, family conflicts), I dealt with it head-on by changing schools, restricting friends, and imposing a stricter curfew. When the behavior accelerated in the subsequent weeks, we knew we had to intervene in his destructive behavior. Our bottom line had to be that no one in our family could use alcohol or drugs of any kind and stay in our home.

An evaluation showed that he had been using inhalants, which can be deadly, with increasing frequency. He was more preoccupied than I had realized, and we entered treatment for the second time in fourteen months. Even though the signs were there, it was hard to admit such a fun-loving, well-adjusted kid could mess up his life so quickly—and put the family in jeopardy again. However, because of our experience and education with substance abuse, we were able to intervene early and get him help.

Had he been affected after all by Mike's behavior? There had been a brief encounter many years ago when they had "used" together with a

mutual friend. Still, after four years of sobriety, the desire to be high replaced everything else, even common sense. The reality is, of course, that no one is "safe" or immune. The right set of circumstances can lead to almost anyone's giving in to the desire to fit in or simply feel good.

Through the four years of struggle with this problem, I have experienced a range of emotions that I never knew was within me. I have had every particle of my confidence as a mother and woman stripped away, and I have sought every source available to save my sanity. Through the love and support of friends—mostly other parents in treatment, the process of healing through counseling and hard work, and a renewed dedication to the gospel and its principles—I now have a measure of peace and serenity that enables me to "let go" of those situations over which I have no control anyway. My focus is on myself and changes that should be made within myself. What are my limits, and why do I demand more than I should of myself? My expectations deal with my life and future and do not depend on the choices of others.

From my dear friends whose children were in treatment with mine, I have learned the real meaning of unconditional love. We have seen each other at our worst and still love and accept without hesitation the vastly imperfect creatures we are. In helping each other, we learned to help ourselves—the perfect result of all Christian service. We sorted through the shame, guilt, anger, and resentment and learned that we could survive the mindless actions of our children. Even though religion was not an issue in these sessions, we frequently reminded ourselves of such basic principles as free agency, the steps of repentance, and the ever important "enduring to the end." We let go of our preoccupation with our sick kids and focused on getting healthy and centered ourselves. These are friends who never judge but love and understand without question.

The counseling and direction received in treatment led to much hard work and healing within the family. Our shattered family had to get in touch

with feelings that had long been hidden and rarely discussed, except in anger. An open forum among us became more common as we worked through the process of change so that the relationships long out of balance could be restored. There were wonderful successes and devastating failures, but progress was made, slowly at times, until hope and happiness once again entered our home. The relaxed atmosphere of love, so frequently missing, was a gift that came with the full acceptance of both boys back into family life. With that came my confidence and strength as a wife and mother, although I must continue to nurture the new "me" more than I had before.

Finally, the ultimate peace of mind has come through the realization that the gospel principles do hold answers to the real problems we face—even in today's complex life. The scripture reading that I had resisted for so long became a source of strength to me during an Institute class. I began to feel that the Lord was mindful of me, that He was not blaming but hoping to comfort and help me. My prayers went from a desperate "fix him" to a plea for peace and direction. The comfort came as I studied, prayed, and tried to change myself.

Looking back, I know this has been a learning process although I certainly would not have planned it this way. Probably some lessons would not have been learned had not the lives of my children been at stake. Most likely there will be more difficult principles ahead to be learned through raising the rest of my children. In some ways it's frightening to contemplate; yet, I know that I will deal with whatever is ahead from a much firmer position of strength. I have resources to support me through difficulties both within myself and around me. For sure I know that I will not again accept the shame, guilt, and depression that might result from the decisions of those I love. I will try to respect their right to make choices and feel the consequences of those choices—good or bad. That is the process of moving past the pain—I will feel my own pain, but I will not suffer for theirs. That is when the healing begins. ■

think the problem will go away, who think their child will "grow out" of the addictive behavior, who become dysfunctional because of the behavior, and who experience daily emotional pain. Intervention is the first step in ending the pain and putting the family back on the road to normalcy.

Intervention, however, is not simple. There is a correct way to plan and conduct an effective intervention. The goal is to get the addictive person to recognize that there is a problem and provide a way to treat that problem. The family should begin the intervention process by identifying the people closest to the dependent person and organizing the intervention team. The team may include clergy, family members, peers, employer, and always an intervention specialist or someone who can act as a guide through the process.

Each individual should prepare a written statement of specific times and places when the addiction or dependency has caused problems. The team should decide who will conduct the intervention. That person should contact a treatment center, pack clothes for possible admission, and choose a meeting site for the intervention. The dependent person should not be told beforehand about the agenda for the meeting, but the team should have a definite agenda. Some intervention teams even practice beforehand on someone other than the dependent person.

The following is one model for an intervention agenda:

1. Greet the dependent person with warmth and love.
2. Speak in a positive manner and explain

you have something of importance that you would like to share with him.

3. Obtain a commitment from him that he will listen.
4. Express love and all the positive feelings that you had for him before the dependent behavior became apparent.
5. Describe how things have changed since his lifestyle has changed.
6. Have each member of the team give specific examples of times and places when the dependent behavior has created problems.
7. Have members of the team clearly express their feelings, emotions, fears, worries, and concerns.
8. Without making threats, make it clear that if the dependent person chooses not to accept help, he is choosing to lose the family. Use the words we need help, rather than you need help. Do not use this meeting for name-calling, accusations, or put-downs. Stress the word we.
9. Indicate that you have made an appointment with a counselor and that you are all going to see that person.
10. Surround the dependent person with bodies and love. Get in the car and keep the

appointment with the counselor. Timing is crucial; do not let time lapse between the intervention meeting and the appointed time with the counselor. Keep it smooth and flowing.

I have witnessed the results of many interventions over the last few years. Those that fail are those that are done quickly, on the spur of the moment, in the midst of a crisis. Those that have been the most successful are those that have been carefully thought out, planned, and executed. The intervention specialist should be able to guide you through to a satisfactory conclusion of the meeting that will result in a positive step forward rather than a standoff, an explosion, or a sidestepping of the issue.

As I looked at Dan's family that day in my office, I had a feeling that by following the intervention procedures, they were headed for success. They were prepared to keep Dan surrounded with not only their physical presence, but with the courage, determination, and peace that finally comes from seeking professional help.

There is hope in today's world. Learning and working together as a team adds a great deal of depth and caring to a family. It strengthens a family and gives added dimension to the unconditional love and caring that is required of each member. Addiction and dependency are diseases that can be put into remission. Once you have admitted that there is a problem and collected the facts, doing the intervention is a positive step on the road to recovery.

WHAT TO LOOK FOR IN A TREATMENT PROGRAM

John Waterbury, M.R.C., C.A.C.

Using some kind of objective measure for evaluating the effectiveness of a treatment center is not the primary concern of parents or family members who live with a chemically dependent individual. Their primary concern is survival—physical, psychological, and emotional survival!!

The normal process of responding to such crises often goes something like this:

1. Being somewhat naive that anything like chemical dependency could possibly exist in the first place, family members tend to overlook, rationalize, and deny its existence.
2. Once its existence is recognized, families deny its extent and severity, prolonging the discomfort.
3. Next, getting angry and making threats in an attempt to control the problem usually allows the entire family to get into the act.
4. Getting depressed when such efforts are unsuccessful is a common occurrence and results in life-long resentments and a distorted view of reality.
5. Making more threats and getting more depressed is usually the next step.
6. This is usually followed by deciding that nothing can be done.
7. At this point, everyone gives up and begins waiting for the chemically dependent person to leave . . . or die.
8. When neither of these options occurs and the family members reach the end of their respective ropes, treatment is finally considered, many times as an act of self-preservation.

Fortunately, it is not necessary that altruism be the motivating force in helping a loved one to get into treatment. If it were, most people would never make it. The general rule is that by the time family members are willing to take the necessary steps, they are so angry and have been hurt so much that love and concern are often not the only emotions they are feeling. As a result, threats, coercion, intimidation, confrontation, or other various types of behavioral control techniques are often tried. Some of them are effective. Most are not. The key is a systematic and organized process called *intervention*. Ironically, intervention is where treatment really starts.

Treatment is more than getting a shot or going into a hospital, and it's more than working only with the individual who's chemically dependent. Effective treatment is a comprehensive approach, coordinated by specialists who know how to use techniques that have been shown to be effective in saving lives. Fortunately, several different treatment approaches have a measure of success; however, none is effective for everyone. That's why it is important to know what to look for.

And that brings up the question: What kind of treatment center do you look for when you don't know what to look for?

Because there are so many different treatment approaches and so many different philosophies, this article will not attempt to prove or disprove any of them. The goal here is to provide information and techniques that have been effective in various treatment settings. In this manner, they may be used as the basis for a comparative analysis.

DEFINITION

The more successful programs subscribe to the philosophy that chemical dependency is a physiological disease process with psychological, social, and behavioral complications. It is chronic, progressive, and fatal if not treated.

This philosophy is based on the concept that there is an etiology, or cause, for the illness; that it has a specific set of signs and symptoms; that it follows a predictable course; and that there are treatment approaches available that control its development and progression. At this time, there appears to be no cure.

History has shown that chemical dependency is a family disease, that it may be passed from generation to generation, and that when one member of the family develops the disease, the entire family becomes dysfunctional.

PROGRAM COMPONENTS

Both in-patient and out-patient programs have been shown to be effective. The major difference seems to be the level of intensity. In-patient programs are most useful for the individual who needs greater structure and more intense medical attention. Out-patient programs work best for those who are able to function with greater freedom. They also tend to be less expensive.

Alcoholics Anonymous meetings have been shown to be extremely valuable, not only during the initial program, but throughout the individual's life. The Twelve Steps provide a successful foundation for both in-patient and out-patient programs.

Family Focus—Codependency

Because chemical dependency affects everyone in the family, it is essential that the entire family receive significant attention during the treatment process. Invariably, each member will have developed a variety of self-defeating behaviors that has been referred to as codependency. This results in dysfunctional roles, low self-concept, and a continuation of the dysfunctional lifestyle. In addition to codependency, the related issues of communication, stress management, and "letting go" need specific attention. Because of the tremendous pressures family members are exposed to, their perception of reality is often distorted, sometimes significantly so. With that in mind, the family needs to understand four major concepts:

1. They are not the cause of the problem.
2. They cannot control it.
3. They cannot cure it.
4. But they can learn to cope with it.

With this as a foundation, additional areas need to be stressed:

1. They need to understand the disease concept of addiction.
2. They need to give themselves permission to identify, explore, and modify coping behaviors.
3. Efforts need to be made to enhance their self-images.
4. They need to develop their ability to formulate and implement new decisions.

Counseling Techniques

Reality therapy seems to be a successful approach to changing behavior in a treatment setting. It helps the individual understand that he is ultimately responsible for the outcome.

The main ideas include:

1. Establishing care and concern through involvement. Many chemical dependents are prepared for pain, rejection, and failure. Reality therapy helps to break this cycle.
2. Reality therapy helps patients evaluate their behavior and decide what they want to change.
3. It encourages them to plan new responsible behaviors and to make commitments to replace the old ones.
4. Behavior is accepted as exhibited with no criticism for failure, but if the individual fails, re-evaluation and re-planning occurs.

Reality therapy has been shown to be more effective than other therapeutic approaches that may tend to be demeaning or punitive. It puts the responsibility for change on the individual, not the counselor, and it encourages positive change to the individual's self-esteem and self-confidence.

Whatever type of therapy is used it should be:

1. temporary
2. supportive
3. problem-focused
4. disciplined

Criteria for Discharge

It may seem a little strange to be examining the criteria for discharge when trying to decide on a treatment program, but it may save a lot of frustration and/or confusion later on. Some programs use a generic approach to treatment, with limited flexibility to respond to the individual's unique issue or concerns. Some programs are only concerned about the amount of insurance available to pay for the services. For them, the criteria for discharge will be considerably different from the standards used by more reputable programs. Some of the more common criteria to look for include:

1. a concept of total abstinence (the concepts of controlled drinking or social use of controlled substances have not been shown to be effective);
2. personal insight and the ability to learn from others;
3. self-disclosure—individually and in group settings;
4. focus on trust, risk, and intimacy;
5. breakdown of denial;
6. commitment to change;
7. external support systems—AA, Alanon, church, etc.;
8. involvement without chemicals;
9. no severe mental problems;
10. knowledge of addiction and relapse.

Intervention Techniques

As was mentioned earlier, intervention is a process of confronting someone in a manner that leads to a resolution of the problem. In most cases, intervention leads to treatment, but not always. It is a process that is most effectively coordinated by a professional, and one that is based on care and concern. Its principles are the result of actions that have been effective over the years and is not based on badgering, intimidation, or power plays. Its focus is to teach family members or concerned others how to set acceptable limits, how to avoid manipulations, and how to convey their love and concern in a manner that leads to productive change. Most professional programs have staff members who can teach these techniques.

Certification

When considering a program, ask to see its local, state, or national certification. Most states have additional requirements for addiction counselors and other professional staff. Ask about these. Don't take them for granted.

Generally, there are a plethora of treatment options available. Most of them are effective, and many are based on the highest professional standards. The one that is the right one for you will be determined by:

1. financial considerations
2. location and setting
3. staff qualifications
4. program design
5. personal needs

So be careful in choosing the right program. Compare your options. Ask someone who has been through the program previously. Don't jump into making a final decision until you feel comfortable that the program is one that will meet your specific needs and requirements.

When the time comes to find a treatment program for yourself or for a family member, don't put it off. Make an informed decision. But make a decision. ■

PREVENTION IN THE HOME

Carol Voorhees, M.S.W. • Alcohol and Drug Prevention Specialist, Salt Lake City School District

Prevention is defined by the Utah State Division of Substance Abuse as a "proactive process which focuses on capacity-building for individuals, families, institutions, and individuals or groups within the population. . . . Such actions thereby reduce or inhibit the abuse and/or illegal use of alcohol and other drugs and associated physical, emotional, or social impairment." The prevention philosophy in Utah (and probably most other) schools includes this definition and emphasizes drug and alcohol education, abstinence, and healthy lifestyles in an environment that promotes a healthy self-concept.

There are three components in any successful prevention program:

1. A positive model. Such a person, who ideally comes from the home, models behavior, values, and positive moral development. If this positive modeling is not provided in the home, the school attempts to provide these influences through support personnel, teachers, and curriculum.

2. Development of skills. These skills are those necessary to provide a young person with the confidence to handle peer pressure, media persuasion, and the challenges of life in general—self-concept enhancement, decision-making, coping, communication, valuing, peer-refusal skills, and so forth.

3. Accurate information. Alcohol and drug education exists. It is found in locker rooms, in school hallways, in parking lots, and in the media. Some of it is not accurate. Our young people need accurate information to dispel the myths surrounding substance use. Our young people need factual information regarding alcohol and other drugs and reasons for not using these substances.

Our homes are the ideal environment for a prevention program to be effective. Our children constantly observe our behavior, our values, our handling of difficult situations, our own skill-level and knowledge. The challenge, of course, is to present a positive, consistent model and to exemplify the necessary skills for our children. A "job description" of parenting emerges—that of teaching and modeling for our sons and daughters ways to productively and efficiently meet their needs: the need for self-worth and power, the need for freedom and independence, the need to love and be loved, the need for fun. Frequently, conflict situations arise when our needs as parents conflict with those of our children because we all have basically the same needs. It is important to remember that we cannot control our children's thinking, their feelings, their actions, but we can and do influence them.

Because we only have control over ourselves, what are some of the things we can do to best influence our children, especially in regard to the use of alcohol and other dangerous drugs?

1. We can show them that we care. It's good to touch and hug and give them affection. It's good to tell our children that we love them, that we accept them. It's important that we give them the opportunity to express their feelings and thoughts honestly and that we validate and accept those feelings, even when we might view their challenges as somewhat trivial. It's good to be honest with them and share our fears and our own feelings about what might be going on in their lives. It is important that they know we care enough to be given the details of their activities—where, when, with whom, and so forth. We should talk to the parents of their friends as to adult supervision at parties, transportation, curfews, and so forth. It's important that we become informed about the teenage scene, the trends, what's happening in school. We need to be interested and involved in their education, their activities, their spiritual growth. And it's good to establish traditions and rituals that keep us "tied" together.

2. We can ask questions. We can ask them

about their day, what they learned, how they felt, and about their degree of success (coupling love with expectations). We can ask questions such as "What?" "How?" "Where?" "When?" "Do you?" These questions trigger our children's ability to be creative and descriptive, to give out information, to make value judgments, and to examine their value systems. We ought to refrain from asking "Why?" because frequently children become defensive when asked, "Why are you late?" "Why did you do that?" "Why haven't you cleaned your room yet?"

It is valuable to teach through questioning, even asking closed-ended questions, while remembering not to control for the answers. For example, "Do you say 'hi' first as you walk down the hall?" "Do you ask the teacher for help when you don't understand the assignment?" "Do you have a 'must do' list each day?" By asking pertinent questions, we help our children learn to think about and meet their needs creatively and efficiently. And of utmost importance when we ask questions is the concept of listening—the child should do at least one-half of the talking.

3. We can provide structure. It is important to demonstrate consistency and discuss rules and consequences. It is also important to enforce consequences and acknowledge positive actions. We cannot force our children to follow the rules, but we can give them options. We can give them "ownership" in helping to set the rules as well as the consequences (curfew, chores, telephone use, and so forth). And then we can provide the structure by consistently enforcing the consequences. Too often, our young people grow up in an environment that suggests that life can be lived without pain and that they can be rescued from all their mistakes. Learning how to cope with life's bumps and bruises, as well as with the consequences of their actions, is an important developmental skill for children to learn as they approach adulthood and independence. It is important that we find opportunities for our children to practice self-management and even to allow them to come up with such opportunities themselves. There is no growth without choice.

4. We can have fun. We all possess skills to put fun into our lives, but unfortunately, many of our children, as well as many of us, define fun as "being entertained," a passive fun that can bring immediate gratification but usually has a price tag. Frequently, this is how our young people become involved with substance use, as they get together, laugh together, and drink and smoke together. We need to teach our children (and reach ourselves) that an important ingredient of a happy life is being able to perceive the fun in the world as natural and not necessarily costly. It is being able to laugh at ourselves; it is being able to laugh so hard that our jaws and sides ache, that tears stream down our face; it is remembering those times in our childhood—uninhibited and spontaneous—and bringing those feelings into our adult life as we interact with our children. If our home environment does not include the elements of fun and enjoyment, our children will choose to spend their time elsewhere.

We have many ways of bringing fun into our homes, but first we need to drop the "serious act" all the time and let our children observe our pleasure. We can promote fun and laughter through games; for example, trivia-type games, *Pictionary*, and charade-type games. We can support and participate in sports activities—team sports, individual sports, hiking, skiing, even camping—as long as we remember to stay in the "process" and not dwell on the outcome. Puzzles have a wonderful effect. So do jokes at the dinner table. Fun depends on the attitude we bring to it. It means taking risks, such as not always acting like the "super" adult we perceive others expect us to be.

5. We can model self-controlling thoughts and behaviors. Our own physical and mental health practices are important, as well as our attitudes about health. As parents, we must carefully evaluate the drugs we use (prescription drugs and other pharma-

ceuticals) and avoid patterns of reliance on cold medicines, sleeping pills, tranquilizers, and even antibiotics. We must show concern for our health by exercising and getting outdoors, by eating good foods, by avoiding excessive weight, and by resting properly. These things promote a lifestyle that discourages alcohol and drug abuse. These behaviors point toward a concept of one's self and body that rules out self-abusive actions.

We can demonstrate a positive view of the world through our own pleasure and enjoyment of the things we do. We can share with our children the importance of our relationships with other people, and our hope in life and its possibilities. We can participate with and provide our children with opportunities, including conventional activities such as team sports, dancing, camping, going to the library, and so forth. We can share our own struggles, our disappointments, and then the personal growth and competence we have experienced from those challenges.

We can model for our children problem-solving methods and show them how to confront their feelings. Drug use is a way of trying to solve problems. Instead of dealing directly with the problem, some individuals try to change how they feel by relying on the consciousness-altering effects of a drug. They do not develop the ability to track down and change matters that trouble them. We can help our children learn to identify when something is wrong and then, if possible, to look at options to change the situation. Our children also need to learn that they, too, only have control over themselves, and there are some things that they cannot change. But we can teach them strategies to overcome obstacles and help them to view difficulties and occasional failures as vehicles for growth.

We can model responsibility and self-discipline in our own work and activities. In a study of childhood experiences that resulted in the best mental health for the person as an adult, involvement on work projects as a child was one of the best predictors of future well-being. The experience of doing a job and of developing sound work habits predicted not only which people would be more satisfied with their jobs later in life but those who would have the most satisfying relationships as well. If we demonstrate how to carry a job through to completion, if we trust our own ability to do good work, we will meet some of our own need for self-worth and at the same time model a powerful skill for our sons and daughters.

There are many more skills we can model for our children—skills having to do with communication, relationships, stress management, and so forth. Most importantly, though, we need to model self-respect and a respect for our own health and life.

Everything discussed so far has been a part of the bigger picture, the "whole"—that of believing oneself to be a valuable human being; of knowing we can face and meet life's challenges, problems, and occasional pain; and of wanting to experience the good things, the pleasurable moments in life. Our own sense of self-worth is probably the greatest gift we can give to our children because only if we have self-worth can we treat our sons and daughters as sound, contributing, trusted members of the family, the community, and the human race. Respecting and treating our children this way requires that we have faith and confidence in the job we are doing as parents. All of us who have raised a child love that child, and all of us want to do the best for our children. This desire requires us to have the self-confidence to make difficult decisions rationally and securely and to give our young people the room to make important decisions themselves.

Our job is to share our knowledge and experience of how to meet one's needs effectively; to affirm what has been accomplished, and how they, our children, can succeed; and to assist them in gathering their own personal resources to confront the challenges of life. Our children should be partners in our endeavors. We accept responsibility for being parents. We must encourage and trust our children to accept responsibility for themselves. ■

TWELVE-STEP PROGRAMS

Ruth Foulger, L.C.S.W.

Author's note: The opinions expressed in the following article do not necessarily represent the opinions of any Twelve Step program or those of the Church of Jesus Christ of Latter-day Saints.



Alcoholics Anonymous. Narcotics Anonymous. Alanon. What are they? Do we need these organizations if someone in our family has a problem with chemical dependence?

Can't we go it alone? Do the principles that they advocate fall in line with gospel principles? Who goes to these meetings? What happens there?

In the past several years, there has been a growing public awareness of the incidence of all kinds of addictive disorders. The number of prominent figures identified with alcohol, drug, food, and other addictions has skyrocketed. Along with the addictions, there has been an influx of treatment programs for a wide variety of addictive conditions. The academic and medical community has invested large amounts of time and resources to understand and treat, if not in some degree prevent, the rise in these conditions. Experts have found that the prevalence of prescription and over-the-counter medication dependence has escalated, especially among populations that advocate abstinence from alcohol and illegal drugs.

Many families have found themselves riveted by the consequences of drug and alcohol abuse, including Latter-day Saints. Members of bishoprics, quorum presidencies, Relief Society presidents, Primary presidents, sons and daughters of active families, as well as of less-active families have been affected; some of our sisters and brothers need treatment and priesthood support to combat these addictive problems. It has become a Church-wide concern.

In an effort to assist the leaders of the Church in dealing effectively with this problem, the Corporation of the President published a handbook for priesthood leaders entitled *Resource Manual for Helping Families with Alcohol Problems* (1984). Many priesthood leaders, however, are still uncomfortable with the steps needed to deal with addictive disorders, especially chemical dependency. Many should be and are referred to professional treatment programs; however, every modality of intervention (i.e., medical, behavioral, psychological) that achieves any measure of long-lasting success almost invariably incorporates involvement in a Twelve Step program at some level.

Twelve Step programs vary in the specific addiction that they deal with, but all are modeled after Alcoholics Anonymous (AA). In fact, Twelve Step programs have been known to facilitate recovery when all other attempts have failed. Whether Twelve Step recovery is utilized separately or in conjunction with other treatment programs, it is important to understand the basic ingredients these programs offer in the recovery process.

Often the person who is directly affected or addicted has withdrawn from active involvement in the Church. Either because of guilt, disaffection with the Church, or disparity of lifestyle with what the Church advocates, the addict removes himself from active participation. As LDS members, sometimes we are not familiar with AA or other twelve step programs, and we tend to view them as programs for "street bums." It is important to realize that the Twelve Steps are spiritually based, that many times they carry the addict along in his efforts toward sobriety, and that, if followed, give him a way toward meaning in his life. Because of the spiritual (as opposed to "religious") tenets of Twelve Step programs, the addict can accept help through AA, NA (Narcotics Anonymous), or whatever the program at a time when he may not be in a personal position to feel comfortable in Church. In many instances, involvement with a Twelve Step program can eventually lead back to activity in Church.

Many within the LDS Church have found additional strength by attending AA, NA, or Alanon meetings. Through the Twelve Steps, they have been given tools to deal with their situation by others who have found success and are willing to give back.

According to AA's preamble:

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for Alcoholics Anonymous membership. We are self-supporting through our own contributions. Alcoholics Anonymous is not allied with any sect, denomination, politics, organizations, or institutions; does not wish to engage in any controversy; [and does not] either endorse or oppose any causes. Our primary purpose is to stay sober and to help other alcoholics to achieve sobriety.

The fundamental principles for recovery lie in these twelve steps:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.¹

With minor variations, this same preamble and the same Twelve Steps are used by most Twelve Step programs (i.e., NA, OA [Overeaters Anonymous], and so forth). The Twelve Steps have their origin in the Oxford Group, originally known as the First Century Christian Fellowship.² The spiritual concepts of that group were introduced to Bill Wilson (Bill W.) by a friend named Ebbie. Ebbie had embraced the principles of the Oxford Group and had found sobriety.

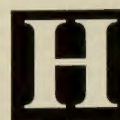
One of the fundamental principles of the Oxford Group, along with establishing a relationship with a "Higher Power," was to share one's own experience with another with a similar affliction. So it

was that Bill W. sought out another alcoholic to talk to. Having inquired of a clergyman to be directed to another alcoholic, Bill found someone "... who, though formerly able and respected, was then nearing the nadir of alcoholic despair."³ The interchange between these two men led to the lifelong friendship of Bill W. and Dr. Bob. In conjunction with another alcoholic, AA was officially formed on June 10, 1935.⁴ The subsequent effort of these men, working with other alcoholics and teaching them to practice the spiritual principles embodied in the Twelve Steps, has brought abstinence and sobriety to millions of people afflicted with alcoholism and other compulsive conditions.

The Twelve Steps were initially comprised in only six steps, but Bill W. felt that the program was still not definitive. As he prayed for guidance, the words began to tumble out with astonishing speed. When he numbered the steps and found that there were twelve, he thought of the Twelve Apostles and soon became convinced that the society should have twelve steps.⁵

In the book *Alcoholics Anonymous*, which has come to be affectionately referred to as the "Big Book" by AA's the world over, Bill W. writes about the Twelve Steps in the context of the AA fellowship:

There is a solution. Almost none of us liked the self-searching, the leveling of our pride, the confession of shortcomings which the process (the Twelve Steps) requires for its successful consummation. But we saw that it really worked in others, and we had come to believe in the hopelessness and futility of life as we had been living it. When, therefore, we were approached by those in whom the problem had been solved, there was nothing left for us to do but to pick up the simple kit of spiritual tools laid at our feet. We have found much of heaven and ... a ... dimension of existence of which we had not even dreamed.⁶



How do these programs help the addict? Practicing the Twelve Steps and participating in the fellowship of one of the "anonymous" programs requires taking an attitude of powerlessness. This attitude results in "ego deflation." In other words, the individual alcoholic/addict comes to view himself and the world around him from a perspective of humility and faith. He is given a plan of action to follow in his daily living that helps him put his problems and experiences in a new perspective. The continuing introspection, reliance on one's Higher Power, and reaching out to others embodied in the Tenth, Eleventh, and Twelfth Steps foster ongoing spiritual growth, providing a way to deal with life's problems without having to escape from them with addictive behavior.

It is important to note that the steps are written in a plural form and are to be practiced within the context of fellowship with others. Participants are encouraged to attend "meetings," at whatever frequency they need—weekly, daily, or even hourly if that is required. Meetings are conducted by a "leader" who introduces himself and encourages those in attendance to do likewise. Introductions are usually on a first-name basis only to protect anonymity for all concerned. The leader may introduce a topic for consideration for that particular meeting or may open the time for sharing as individuals feel the need to unburden, ask for help, or give guidance through their own experiences. Some meetings seem to develop their own character within the general framework of the Twelve Steps, and most people feel a very positive commitment to regular attendance at their "meetings."

Continued on next page

BOOKS • TO • READ

In the preface of the book, *Pass It On: The Story of Bill Wilson and How the AA Message Reached the World*, an incident is related that perhaps grasps the essence of what the steps and the fellowship represent:

*I'll never forget the first time I met Bill W. I was a couple of months sober and so excited, so thrilled to actually meet the co-founder that I gushed all over him with what my sobriety meant to me and my undying gratitude for his starting AA . . . he took my hand in his and said simply, "Pass it on."*⁷

The Twelve Step programs can also be of substantial help to family members of practicing, as well as recovering, alcoholics/addicts. It provides them a fellowship of their own, comprised of people with whom they share a common experience. They also are encouraged to implement a personal program for living the Twelve Steps that helps them focus on their own spiritual recovery and lessen their preoccupation with the behavior of the alcoholic/addict.

From an LDS perspective, we know that a spiritual basis for living is the crux of the gospel. Compatibility with gospel principles is found in all of the Twelve Steps, which provide experiences in reconciling relationships, practicing selflessness, repenting, accepting limitations and imperfections, making restitution, and serving others. It is not hard to find scriptural references to support all of these principles.

Recognition of the value of the Twelve Step programs is yet another tool that we can use to enhance and broaden our own understanding of gospel principles. As we accept the alcoholic/addict's need for the fellowship of others who share his or her problem, recognize the spiritual potency of the Twelve Steps, and offer our hands to them in the spirit of unconditional acceptance that they experience in their twelve step groups, we in turn can sense a new level of spiritual growth along with the recovering person.

1. *Alcoholics Anonymous*. (New York: AA World Service, Inc., 1976).
2. *Pass It On: The Story of Bill Wilson and How the AA Message Reached the World*. (New York: AA World Service, Inc., 1984).
3. *Alcoholics Anonymous*.
4. *Ibid*.
5. *Pass It On*.
6. *Alcoholics Anonymous*.
7. *Ibid*.

Resources

Alanon Family Group Headquarters
PO Box 182
Madison Square Station
New York, NY 10159-0182

Alcoholics Anonymous General Service Office
Box 459
Grand Central Station
New York, NY 10163
212/686-1100

Narcotics Anonymous
World Service Office, Inc.
16155 Wyandotte St.
Van Nuys, CA 91406
818/780-3951

After the Tears by Jane Middleton-Moz and Lorrie Dwinell (Deerfield Beach, Florida: Health Communications, 1986)

The Angry Book by Theodore I. Rubin (New York: MacMillan, 1970)

Beyond Codependency: And Getting Better All the Time by Melody Beattie (New York: Harper/Hazeldon, 1989)

Bradshaw On The Family: A Revolutionary Way of Self-Discovery by John Bradshaw (Deerfield Beach, Florida: Health Communications, 1988)

Codependent No More by Melody Beattie (New York, Harper/Hazeldon, 1987)

The Dance of Anger by Harriet G. Lerner (New York: Harper & Row, 1985)

Healing the Child Within by Charles L. Whitfield (Deerfield Beach, Florida: Health Communications, 1987)

It Will Never Happen To Me! by Claudia Black (Denver, Colorado: MAC, 1981)

Learning to Love Yourself by Sharon Wegscheider-Cruse (Deerfield Beach, Florida: Health Communications, 1987)

Not My Kid: A Parent's Guide to Kids & Drugs by Beth Polson and Miller Newton (New York: Avon Books, 1984)

Resource Manual for Helping Families with Alcohol Problems (Salt Lake City, Utah: Corporation of the President of the Church of Jesus Christ of Latter-day Saints, 1984)

The Road Less Traveled by Scott Peck (New York: Simon & Schuster, 1978)

Taking Charge: How Families Can Climb Out of Addiction . . . and Flourish by Stephen E. Schlesinger and Lawrence K. Horberg (New York: Simon & Schuster, 1988)

Toughlove by Phyllis and David York (New York: Bantam Books, 1982)

The Twelve Steps, A Way Out (San Diego, California: Recovery Publications, 1987)

When Drugs Hit Home by Lewis B. Hancock (Salt Lake City, Utah: Shadow Mountain/Deseret Book, 1987)

Women Who Love Too Much by Robin Narwood (New York: Pocket Books, 1985)

Letting Go

To let go doesn't mean to stop caring; it means I can't do it for someone else.

To let go is not to cut myself off; it is the realization that I can't control another.

To let go is not to enable, but to allow learning from natural consequences.

To let go is to admit powerlessness, which means the outcome is not in my hands.

To let go is not to try to change or blame another; I can only change myself.

To let go is not to care for, but to care about.

To let go is not to fix, but to be supportive.

To let go is not to judge, but allow another to be a human being.

To let go is not to be in the middle arranging all the outcomes, but to allow others to effect their own outcomes.

To let go is not to be protective; it is to permit another to face reality.

To let go is not to deny, but to accept.

To let go is not to nag, scold, or argue, but to search out my own shortcomings and correct them.

To let go is not to adjust everything to my desires, but to take each day as it comes, and to cherish the moment.

To let go is not to criticize and regulate anyone, but to try to become what I dream I can be.

To let go is not to regret the past, but to grow and live for the future.

To let go is to fear less and love more.

Perhaps it is letting go of a rebellious child, or a burden or sorrow, losing a loved one, or learning to live with a heartache which we just cannot let go of. Read this over, study it, pray over it, and you will find that letting go of your load will release a peace within you which will allow your spirit to soar . . . to be free. Give it completely to God and let a work be done within you . . . where the need is anywhere.

Symptoms

Continued from page 2

kid wants to know about his secret lifestyle. Consequently, they are often the last ones to find out. Although it sounds shocking, even absurd, the average child uses drugs one and a half to two years before his or her parents find out. Most parents think they are being watchful and try to do everything to prevent a drug problem. What they don't realize, however, is that kids are expert con artists and we, who love them, too often get fooled. Just when parents get suspicious, the kid cleverly covers his tracks by lying or deception, and no conclusive evidence can be found. Parents have little choice but to back down temporarily, especially when he so convincingly plays the good-kid role as Matt had. The druggie kid buys more freedom to keep up his habits by appearing to be trustworthy and innocent.

The classic symptoms of drug use are almost common knowledge: a downward shift in peers, a drop in grades, excessive absences or tardies at school, more conflict in the home, withdrawal from friends or family, trouble with the law, wide mood swings, and deterioration of dress and appearance. These are some of the clues to look for, but even these are not totally fail-safe.

Often when parents suspect a problem, they feel that they need some kind of proof to be sure of themselves and with which to confront their child. They may hope to find an empty beer can, a marijuana joint, a pipe, or powder. Those things may sometimes be found, but by then the problem is usually quite serious.

Parents have to use more than their physical eyes in looking for symptoms of drug use. They need to employ all the knowledge acquired about that child in raising him. They must observe the subtle changes of personality or behavior and be able to ascertain possible causes. Wise parents will know that drug use is prevalent and popular among teens and preteens. They should realize that their child will almost certainly be confronted with them and could easily succumb. Drug use should be a primary consideration when noticeable changes occur.

Looking back, there were several warnings that we failed to pick up on. A costly mistake was not listening to what others were saying about Matt. Parents should seriously regard what friends say about a child's condition. After all, they often see him in different situations and for longer periods of time than his parents do. Adults must accept the fact that the kids know who's straight and who's not. We ignored the rumors and sided with Matt too much. We have since learned that there were facts behind most of the accusations. If things are being said about one's child, it would be wise to verify the source if possible, rather than accepting the child's explanation. Follow up on the innuendoes by networking with other teens and parents.

Finally, and most importantly, parents should listen to their hearts. When something doesn't seem right and doubts arise about your child's sobriety, pay attention to those feelings. Intuition can often be an accurate indicator of a problem. We lived with an uneasy apprehension for far too long while waiting to discover some concrete evidence. We didn't know that a simple urine analysis could be done at a hospital or clinic for a moderate fee. Act on your best hunch, and if you suspect a problem, get it verified as soon as possible after the occurrence. Some drugs, like alcohol, are processed within a few hours, while others remain in the system much longer.

Treatment for Matt lasted sixteen months. He is now nineteen years old, drug free, and going to college. He's not perfect, but he is a good young man. Again, he is working hard, achieving some personal goals, and is self-supporting. When he comes home to visit, he is more relaxed and happy. He is caring toward the family and likes to spend time with us. We have our son back and, at last, the caged animal has been put to rest. ■

Train Up a Child. . .

Continued from page 3

told us that this boy seldom attended class. He was a rebel, a druggie, and was failing her English class. She said she could tell, however, that he came from a good home. His goodness shone through at times; he was somewhat caring and very polite. She could tell that he was making some bad choices but had a lot going for him because he had a lot behind him. She felt strongly that if he chose to make something of his life, he could gain strength from the parents who had nurtured him. Then she said he simply disappeared from school one day, and she never saw him again. She kindly assured me that it does matter what we do as parents. Children need to have the teachings so they can choose what is best for them. She counseled parents not to give up because only then have they truly lost the child.

In talking with this woman after the meeting, I discovered that she was from Salt Lake, that she had taught at my son's high school, and that the boy she was talking about was my son. I went all the way to Florida to find out that I was okay, that I needed to keep trying. And she finally learned why this boy had disappeared—he had gone into treatment.

Gary and I did some serious introspection. Through the many callings we have had, especially that of being bishop and bishop's wife, we wondered whether if we had turned down callings, if we had spent more time with the family, would Kirk's life have been any different? Certainly, we can never know the answer, but we sincerely felt (and still do) that Kirk's life would have been no different. Kirk's personality is such that he will always learn the hard way—which makes life pretty rocky in our home at times. Gary did feel, however, once it was all out in the open, that he should ask to be released from the stake presidency, not because he felt like a failure as a father, but because he was directly in charge of the youth of our stake. He was their leader, and his own son wasn't following. The stake president did not release him, and we were grateful for his decision.

Throughout this whole experience, which, by the way, is ongoing, there seems to be one theme, or one principle, that we are learning over and over: We should teach correct principles to our children and then step back and allow them to choose for themselves. This sounds simple. It is, until you are faced with a child who chooses such a different path for his or her life from what you would have chosen.

Kirk is back home, and we are learning to accept him as he is. We have not lost him, but life continues to have its rough moments. The people in our ward and stake have been wonderful to us. Many cannot understand what we are going through; most try. But there are problems; there are the people who firmly believe that if you raise children in a certain way, you will not lose them. Two plus two always equals four. But when you add the component of free agency, you might discover the answer to be a negative number.

I once heard someone say, "If we just do the things for our youth that we know to be true, we won't lose even one of them!" This statement might be true, but then where is their free agency? Instead of white picket fences, some people build fences made of wrought iron to control their young, to force them to heaven. This attitude somehow implies that those of us who have children who have strayed have somehow missed the boat in parenting. By this definition, even God, who lost one-third of his children, must have been too busy when these children needed His help.

I am confident that parents have a purpose. Ours is to lead and to teach but not to control. If our children succeed, it is partly because of our teachings, but we mustn't try to take the credit. The fact is, they succeed because they choose to succeed. If our children fail, we are not necessarily bad parents. Our children have a right to fail. This right is their gift from God. ■

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